PREVREG

10. – 11.
lipnja 2026.
Zagreb, Hrvatska

1. regionalna konferencija
„Izgradnja temelja PREVencijske znanosti u REGiji“

10th – 11th
June 2026
Zagreb Croatia

1st Regional conference
„Building the foundation of PREVention sciences in the REGion“

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„Izgradnja temelja PREVencijske znanosti u REGiji“

10. – 11. lipnja 2026., Zagreb, Hrvatska

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SADRŽAJ

POPIS POSTERA/LIST OF POSTERS

PRIKAZ PROJEKTA: RAZVOJ METODOLOGIJE DIGITALNE PROCJENE RIZIČNIH I ZAŠTITNIH ČIMBENIKA TE PREVALENCIJE RIZIČNIH PONAŠANJA KAO TEMELJA ZA STRATEŠKO PLANIRANJE PREVENCIJE U ZAJEDNICI (DIGI PREV)

Martina Ferić, Josipa Mihić, Miranda Novak, Katarina Serdar Čerpnjak, Matea Škrlec, Lucija Šutić Barbarić 10

PROJECT OVERVIEW: DEVELOPMENT OF A METHODOLOGY FOR THE DIGITAL ASSESSMENT OF RISK AND PROTECTIVE FACTORS AND THE PREVALENCE OF RISK BEHAVIOURS AS A FOUNDATION FOR STRATEGIC PLANNING OF PREVENTION IN THE COMMUNITY (DIGIPREV)

Martina Ferić, Josipa Mihić, Miranda Novak, Katarina Serdar Čerpnjak, Matea Škrlec, Lucija Šutić Barbarić 11

VAŽNOST EUROPSKIH PROJEKATA ZA UNAPREĐENJE PREVENTIVNOG DJELOVANJA U HRVATSKOJ - PRIMJER PROJEKTA JA PRISM

Karmen Korda Orlović, Danijela Štimac Grbić 12

THE IMPORTANCE OF EUROPEAN PROJECTS FOR STRENGTHENING PREVENTION EFFORTS IN CROATIA - THE EXAMPLE OF THE JA PRISM PROJECT

Karmen Korda Orlović, Danijela Štimac Grbić 13

SEKUNDARNA UPORABA ZDRAVSTVENIH PODATAKA U PREVENCIJI SAMOUBOJSTVA: KONCEPTUALNI OKVIR

Karmen Korda Orlović 14

SECONDARY USE OF HEALTH DATA IN SUICIDE PREVENTION: A CONCEPTUAL FRAMEWORK

Karmen Korda Orlović 15

RH ISKUSTVO U PRIMJENI AI TEHNOLOGIJE U PREVENTIVNOJ ZDRAVSTVENOJ ZAŠTITI - ZDRAVKO

Tomislav Benjak, Tatjana Nemeth Blažić, Krunoslav Capak 16

CROATIAN EXPERIENCE IN APPLYING AL TECHNOLOGY IN PREVENTIVE HEALTHCARE - ZDRAVKO

Tomislav Benjak, Tatjana Nemeth Blažić, Krunoslav Capak 17

GINA — AI ASISTENTICA ZA GINEKOLOŠKU PISMENOST

Tatjana Nemeth Blažić, Ulla Marton, Davor Dubravić, Tom Gavazzi, Tomislav Benjak 18

GINA – AI ASSISTANT FOR GYNECOLOGICAL HEALTH LITERACY

Tatjana Nemeth Blažić, Ulla Marton, Davor Dubravić, Tom Gavazzi, Tomislav Benjak 19

PROGRAM „JAČANJE KOMPETENCIJA U RADU S MLADIMA"

Snježana Šalamon, Andreja Radić, Marija Kušan Jukić 20

PROGRAMME „COMPETENCE STRENGTHENING IN WORKING WITH YOUTH"

Snježana Šalamon, Andreja Radić, Marija Kušan Jukić 21

UNIVERZALNI PRISTUP PREVENCIJI POTICANJEM RAZVOJA EMOCIONALNIH KOMPETENCIJA U SPLITSKO-DALMATINSKOJ ŽUPANIJI

Mirjam Juginović. Mirela Grbić, Željko Ključević 22

A UNIVERSAL PREVENTION APPROACH TO FOSTERING EMOTIONAL COMPETENCIES IN SPLIT-DALMATIA COUNTY

Mirjam Juginović. Mirela Grbić, Željko Ključević 23

PRIKAZ NACIONALNOG PROGRAMA MENTALNOZDRAVSTVENE PISMENOSTI ZA ODGOJNO-OBRAZOVNE DJELATNIKE: POMOZI DA

Ljiljana Muslić, Vesna Ivasović, Martina Markelić, Sanja Vučagić, Sanja Musić Milanović 24

OVERVIEW OF THE NATIONAL MENTAL HEALTH LITERACY PROGRAMME FOR EDUCATION PROFESSIONALS: POMOZI DA
Ljiljana Muslić, Vesna Ivasović, Martina Markelić, Sanja Vučagić, Sanja Musić Milanović 25
PRIJENOS PREVENCIJSKE ZNANOSTI U PRAKSU: FOLLOW-UP EVALUACIJA ISHODA EUPC OBUKA
Amir Hasanović, Siniša Baljo, Andrea Mijatović 26
FROM PREVENTION SCIENCE TO PRACTICE: A FOLLOW-UP EVALUATION OF EUPC TRAINING OUTCOMES
Amir Hasanović, Siniša Baljo, Andrea Mijatović 27
IZGRADNJA SUSTAVA INSTITUCIONALIZIRANE PREVENCIJSKE PRAKSE U ZAJEDNICI CENTAR ZA DJECU, MLADE I OBITELJ VELIKA GORICA
Arijana Mataga Tintor, Sandra Puljiz Vidović 28
BUILDING OF INSTITUIONALIZED PREVENTIVE PRACTICE CENTER FOR CHILDREN, YOUTH AND FAMILY VELIKA GORICA
Arijana Mataga Tintor, Sandra Puljiz Vidović 29
NEKA PREVENTIVNA NAČELA U PRAKSI UDRUGE PRAGMA U PROGRAMU "POMAK"
Nedjeljko Marković, Angelina Krsnik, Mirjana Soljačić 30
SOME PREVENTIVE PRINCIPLES IN THE PRACTICE OF PRAGMA ASSOCIATION IN THE „POMAK" PROGRAMME
Nedjeljko Marković, Angelina Krsnik, Mirjana Soljačić 31
CENTRI ZA DOBROVOLJNO SAVJETOVANJE I TESTIRANJE NA HIV, VIRUSNE HEPATITISE I SPOLNO PRENOSIVE INFEKCIJE: ULOGA U SMANJENJU RIZIČNIH PONAŠANJA I PROMOCIJI SPOLNOG I MENTALNOG ZDRAVLJA
Tatjana Nemeth Blažić, Petra Smoljo, Margareta Merkaš, Davor Dubravić, Mirjana Lana Kosanović Ličina, Iskra Alexandra Nola 32
VOLUNTARY COUNSELLING AND TESTING (VCT) CENTRES FOR HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS: THEIR ROLE IN REDUCING RISK BEHAVIOURS AND PROMOTING SEXUAL AND MENTAL HEALTH
Tatjana Nemeth Blažić, Petra Smoljo, Margareta Merkaš, Davor Dubravić, Mirjana Lana Kosanović Ličina, Iskra Alexandra Nola 33
ISHODI PRESTANKA PUŠENJA U JAVNOZDRAVSTVENOM NATJEČAJU „PUŠENJE ODBACI, LOVU NABACI" – 11-GODIŠNJE ISKUSTVO
Jasmina Kovačević, Ivona Kosulja, Dejvid Zombori 34
SMOKING CESSATION OUTCOMES IN A PUBLIC HEALTH CONTEST: ELEVEN YEARS OF EXPERIENCE FROM "QUIT SMOKING, CASH IN"
Jasmina Kovačević, Ivona Kosulja, Dejvid Zombori 35
UTJECAJ EDUKACIJE TEMELJENE NA SMANJENJU ŠTETE NA ZNANJA, STAVOVE I PONAŠANJA MLADIH IMPLIKACIJE ZA PREVENCIJU U HRVATSKOJ: REZULTATI EVALUACIJE PROGRAMA SAFETY FIRST I iDECIDE
Lea Pancun, Manuela Krakar Ahmedović, Eliza Ucović 36
IMPACT OF HARM REDUCTION-BASED EDUCATION ON YOUTH KNOWLEDGE, ATTITUDES AND BEHAVIOURS REGARDING PSYCHOACTIVE SUBSTANCE USE IMPLICATIONS FOR PREVENTION IN CROATIA: RESULTS FROM THE SAFETY FIRST AND iDECIDE PROGRAMME EVALUATIONS
Lea Pancun, Manuela Krakar Ahmedović, Eliza Ucović 37

PROMIŠLJANJA O PREVENCIJI: PERSPEKTIVE OSOBA KOJE KONZUMIRAJU SREDSTVA OVISNOSTI
Dijana Jerković, Tihana Novak, Anita Jandrić Nišević, Dalibor Doležal 38
RETHINKING PREVENTION: WHAT STIMULANT USERS SAY THEY NEED
Dijana Jerković, Tihana Novak, Anita Jandrić Nišević, Dalibor Doležal 39
VAŽNOST TERCIJARNE PREVENCIJE KOD RATNIH VETERANA: MEĐUDJELOVANJE PTSP-A, PSIHIJATRIJSKIH I TJELESNIH KOMORBIDITETA
Tina Peraica 40
THE IMPORTANCE OF TERTIARY PREVENTION IN WAR VETERANS: THE INTERPLAY OF PTSD, PSYCHIATRIC, AND PHYSICAL COMORBIDITIES
Tina Peraica 41
ЗАШТИТНИ ПСИХОЛОШКИ ФАКТОРИ КАКО АКТИВНИ АРХИТЕКТИ НА СУБЈЕКТИВНАТА ДОБРОСОСТОЈБА ВО ФИНАНСИСКИ СРЕДИНИ СО ВИСОК СТРЕС
Andrea Velinova, Elena Parnardzieva Stanoevska 42
PROTECTIVE PSYCHOLOGICAL FACTORS AS ACTIVE ARCHITECTS OF SUBJECTIVE WELL-BEING IN HIGH-STRESS FINANCIAL WORK ENVIRONMENTS
Andrea Velinova, Elena Parnardzieva Stanoevska 43
ZLOUPOTREBA ALKOHOLA U KRIMINALNIM KARIJERAMA: IMPLIKACIJE ZA PREVENTIVNE INTERVENCIJE KOD OSUĐENIH LICA
Dragana Bogićević. Branislava Popović-Ćitić, Ana Paraušić Marinković 44
ALCOHOL MISUSE WITHIN CRIMINAL CAREERS: IMPLICATIONS FOR PREVENTION-ORIENTED INTERVENTION AMONG CONVICTED OFFENDERS
Dragana Bogićević. Branislava Popović-Ćitić, Ana Paraušić Marinković 45
REZULTATI HBSC ISTRAŽIVANJA U REPUBLICI HRVATSKOJ
Tonka Karin 46
RESULTS OF THE HEALTH BEHAVIOR SURVEY OF SCHOOL CHILDREN (HBSC) IN THE REPUBLIC OF CROATIA
Tonka Karin 47
EUROPSKO ISTRAŽIVANJE OPIJANJU, PIJENJU I UZIMANJU DROGA MEĐU UČENICIMA (ESPAD): TRIDESETOGODIŠNJI TREND UPORABE SREDSTAVA OVISNOSTI MLADIH U HRVATSKOJ I IZAZOVI VEZANO UZ UPORABA E-CIGARETA MEDU ŠESNAESTOGODIŠNJACIMA
Martina Markelić, Ljiljana Muslić, Sanja Vučagić, Sanja Musić Milanović 48
EUROPEAN SCHOOL SURVEY PROJECT ON ALCOHOL AND OTHER DRUGS (ESPAD): THIRTY YEAR TREND IN SUBSTANCE USE AMONG YOUTH IN CROATIA AND CHALLENGES RELATED TO E-CIGARETTE USE AMONG SIXTEEN YEAR.OLDS
Martina Markelić, Ljiljana Muslić, Sanja Vučagić, Sanja Musić Milanović 49
POKAZATELJI O POJAVNOSTI NOVIH OVISNOSTI MEĐU MLADIMA U VIROVITIČKO-PODRAVSKOJ ŽUPANIJI
Siniša Brlas 50
INDICATORS OF THE EMERGENCE OF NEW ADDICTIONS AMONG YOUNG PEOPLE IN VIROVITICA-PODRAVINA COUNTY
Siniša Brlas 51
ANALIZA VREMENA PROVEDENOG NA DRUŠTVENIM MREŽAMA I NJEGOVOG DOŽIVLJAJA MEĐU MLADIMA
Martina Markelić, Mateja Kopsa Sobota, Sanja Musić Milanović 52
ANALYSIS OF TIME SPENT ON SOCIAL MEDIA AND ITS PERCEPTION AMONG YOUNG PEOPLE

Martina Markelić, Mateja Kopsa Sobota, Sanja Musić Milanović 53
TKO SE OSJEĆA PODRŽANO? RODNE I OBRAZOVNE RAZLIKE U MREŽAMA PODRŠKE HRVATSKIH ADOLESCENATA
Dora Petrović, Ivana Pikić Jugović, Paula Pedić Duić 54
WHO FEELS SUPPORTED? GENDER AND EDUCATIONAL DIFFERENCES IN CROATIAN ADOLESCENTS' SOCIAL NETWORKS
Dora Petrović, Ivana Pikić Jugović, Paula Pedić Duić 55
INDIVIDUALNI I ŠKOLSKI PREDIKTORI OSEĆAJA PRIPADNOSTI ŠKOLI KOD UČENIKA SREDNJIH ŠKOLA
Marija Trajković, Lidija Bukvić, Marina Kovačević Lepojević 56
INDIVIDUAL AND SCHOOL-RELATED PREDICTORS OF SENSE OF SCHOOL BELONGING AMONG SECONDARY SCHOOL STUDENTS
Marija Trajković, Lidija Bukvić, Marina Kovačević Lepojević 57
VALIDACIJA SRPSKE VERZIJE WARWICK-EDINBURGH SKALE MENTALNOG BLAGOSTANJA (WEMWBS) NA UZORKU NASTAVNIKA OSNOVNIH ŠKOLA
Marina Kovačević Lepojević, Marija Trajković, Ana Paraušić Marinković, Lidija Bukvić, Dragana Bogićević, Branislava Popović-Ćitić 58
VALIDATION OF THE SERBIAN VERSION OF THE WARWICK-EDINBURGH MENTAL WELLBEING SCALE (WEMWBS) IN A SAMPLE OF PRIMARY SCHOOL TEACHERS
Marina Kovačević Lepojević, Marija Trajković, Ana Paraušić Marinković, Lidija Bukvić, Dragana Bogićević, Branislava Popović-Ćitić 59
VRŠNJAČKA EDUKACIJA KAO DEO ŠKOLSKE PREVENTIVNE PRAKSE: NALAZI IZ SREDNJIH ŠKOLA U SRBIJI
Vesna Popović, Marija Jovanović Stojaković 60
PEER EDUCATION AS A SCNOOL-BASED PREVENTION PRACTICE: FINDINGS FROM SECONDARY IN SERBIA
Vesna Popović, Marija Jovanović Stojaković 61
PONOVNA INTEGRACIJA U OSNOVNO OBRAZOVANJE MLADIH KOJI SU ISPALI IZ SUSTAVA OSNOVNOŠKOLSKOG ODGOJA I OBRAZOVANJA: REZULTATI VIŠESTRUKE STUDIJE SLUČAJA KAO TEMELJ ZA RAZVOJ CILJANIH INTERVENCIJSKIH MODELA
Martina Horvat 62
REINTEGRATION INTO PRIMARY EDUCATION OF YOUNG PEOPLE WHO HAVE DROPPED OUT OF THE EDUCATION SYSTEM: FINDINGS FROM A MULTIPLE CASE STUDY AS A BASIS FOR DEVELOPING TARGETED INTERVENTION MODELS
Martina Horvat 63
PREVENTIVNI ASPEKTI POSTOJEĆE PRAKSE I RESURSA SUSTAVA ZDRAVSTVA U RADU S DJECOM I MLADIMA U ALTERNATIVNOJ SKRBI S POTEŠKOĆAMA MENTALNOG ZDRAVLJA: DOŽIVLJAJ SOCIJALNIH RADNIKA
Maja Laklija, Lorena Kodba 64
PREVENTIVE ASPECTS OF EXISTING HEALTHCARE SYSTEM PRACTICES AND RESOURCES IN WORK WITH CHILDREN AND YOUNG PEOPLE IN ALTERNATIVE CARE WITH MENTAL HEALTH DIFFICULTIES: SOCIAL WORKERS' PERSPECTIVES
Maja Laklija, Lorena Kodba 65
NAVIKE SPAVANJA I SPREMNOST NA PROMJENU: TESTIRANJE MODELA TEORIJE PLANIRANOG PONAŠANJA KOD STUDENATA U RH
Ana Petak, Dora Korać, Lovorka Brajković, Vanja Kopilaš 66
SLEEP HABITS AND INTENTION TO CHANGE BEHAVIOR: TESTING THE THEORY OF PLANNED BEHAVIOR MODEL AMONG UNIVERSITY STUDENTS

Ana Petak, Dora Korać, Lovorka Brajković, Vanja Kopilaš 67

OD DEPRESIJE DO FUNKCIONALNOSTI: MEDIJACIJSKA ULOGA SOCIJALNE PODRŠKE. MEDIJACIJSKI MODEL OTPORNOSTI STRATEGIJA SUOČAVANIA SA STRESOM I PERCIPIRANE SOCIJALNE PODRŠKE U OBIAŠNIENIU SOCIJALNOG FUNKCIONIRANJA OBOLJELIH OD DEPRESIJE

Mirta Vranko, Martina Ferić, Petrana Brečić 68

FROM DEPRESSION TO FUNCTIONING: THE MEDIATING ROLE OF SOCIAL SUPPORT A MEDIATION MODEL OF RESILIENCE. COPING STRATEGIES AND PERCEIVED SOCIAL SUPPORT IN EXPLAINING SOCIAL FUNCTIONING IN DEPRESSION

Mirta Vranko, Martina Ferić, Petrana Brečić 69

IZMEĐU PODRŠKE I USAMLJENOSTI: KAKO KOGNITIVNE DISTORZIJE I SOCIJALNA PODRŠKA OBLIKUJU SOCIJALNU I EMOCIONALNU POVEZANOST

Marina Trbus, Ana Petak 70

BETWEEN SUPPORT AND LONELINESS: THE ROLE OF COGNITIVE DISTORTIONS AND SOCIAL SUPPORT IN SOCIAL AND EMOTIONAL LONELINESS

Marina Trbus, Ana Petak 71

PREVENCIJA ANKSIOZNOSTI KOD MLADIH KROZ PEER TO PEER PRISTUP: "PEER POWER TO EMPOWER" PILOT-PROGRAM ZA MLADE S MANJE MOGUĆNOSTI

Ivona Dundović, Stela Božiček, Rada Drnovšek, Emilia Albonico 72

PEER-TO-PEER PREVENTION OF YOUTH ANXIETY: THE "PEER POWER TO EMPOWER" PILOT PROGRAMME FOR YOUNG PEOPLE WITH FEWER OPPORTUNITIES

Ivona Dundović, Stela Božiček, Rada Drnovšek, Emilia Albonico 73

ULOGA POZITIVNOG RAZVOJA U POSTIZANJU DOBRIH RAZVOJNIH ISHODA ADOLESCENATA

Miranda Novak, Josipa Mihić, Lucija Šutić Barbarić, Darko Roviš, Toni Maglica, Gabrijela Vrdoljak, Hana Gačal 74

DIGITALNA PREVENCIJA RIZIČNIH PONAŠANJA MLADIH: RAZVOJ I EVALUACIJA MOBILNE APLIKACIJE ZA PREVENCIJU OVISNOSTI I RAZVOJ VJEŠTINA

Davor Dubravić, Arian Dišković, Tatjana Nemeth Blažić, Mirjana Lana Kosanović Ličina 75

DIGITAL PREVENTION OF RISK BEHAVIORS IN YOUTH: DEVELOPMENT AND EVALUATION OF A MOBILE APPLICATION FOR ADDICTION PREVENTION AND SKILLS DEVELOPMENT

Davor Dubravić, Arian Dišković, Tatjana Nemeth Blažić, Mirjana Lana Kosanović Ličina 76

UČINKOVITOST VIŠEKOMPONENTNIH POZITIVNO-PSIHOLOŠKIH INTERVENCIJA U POTICANJU PSIHOLOŠKOG PROCVATA ADOLESCENATA

Paula Pedić Duić 77

THE EFFECTIVENESS OF MULTICOMPONENT POSITIVE PSYCHOLOGY INTERVENTIONS IN PROMOTING PSYCHOLOGICAL FLOURISHING IN ADOLESCENTS

Paula Pedić Duić 78

GDJE SU DANAS? – DUGOROČNA PERSPEKTIVA SUDIONIKA PREVENTIVNIH PROGRAMA CENTRA SPES

Anita Begić, Ana Artuković Ljubić, Ivana Ćorić 79

WHERE ARE THEY TODAY? - A LONG-TERM PERSPECTIVE OF PARTICIPANTS IN THE SPES CENTRE PREVENTION PROGRAMS

Anita Begić, Ana Artuković Ljubić, Ivana Ćorić 80

Prikaz projekta

Razvoj metodologije digitalne procjene rizičnih i zaštitnih čimbenika te prevalencije rizičnih ponašanja kao temelja za strateško planiranje prevencije u zajednici (DIGIPREV)

Martina Ferić, Josipa Mihić, Miranda Novak, Katarina Serdar Čerpnjak, Matea Škrlec, Lucija Šutić Barbarić

Sveučilište u Zagrebu Edukacijsko-rehabilitacijski fakultet, Odsjek za poremećaje u ponašanju, Laboratorij za prevencijska istraživanja

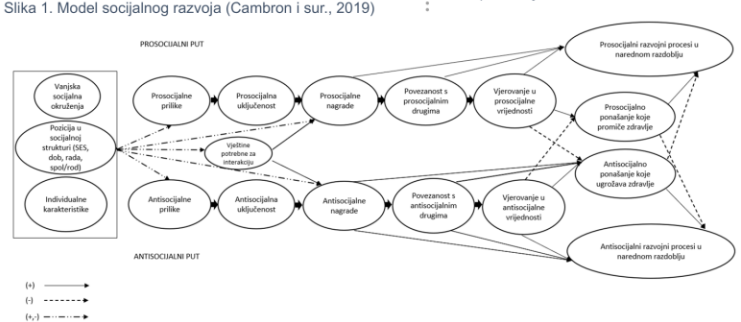
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UVOD

Učinkovita prevencija rizičnih ponašanja djece i mladih zahtijeva sustavno prikupljanje i korištenje podataka o rizičnim i zaštitnim čimbenicima u zajednici. U Republici Hrvatskoj trenutačno ne postoji standardiziran i digitalno podržan sustav koji omogućuje kontinuiranu procjenu čimbenika povezanih s razvojnim ishodima mladih te njihovu primjenu u strateškom planiranju prevencije.

Projekt DIGIPREV polazi od Modela socijalnog razvoja, koji naglašava važnost individualnih i kontekstualnih čimbenika u obitelji, školi, vršnjačkom okruženju i zajednici za razvoj prosocijalnih ili rizičnih obrazaca ponašanja. Projektom se razvija i validira digitalna metodologija procjene koja omogućuje znanstveno utemeljeno, pravovremeno i lokalno prilagođeno planiranje preventivnih strategija.

Slika 1. Model socijalnog razvoja (Cambron i sur., 2019)



CILJ PROJEKTA

Glavni cilj projekta je provjeriti teorijski model socijalnog razvoja kroz razvoj i validaciju digitalne metodologije za procjenu zaštitnih i rizičnih čimbenika povezanih s razvojem problema u ponašanju djece i mladih, radi znanstveno utemeljenog planiranja preventivnih strategija u zajednicama.

Specifični ciljevi

1. Empirijski testirati teorijske postavke Modela socijalnog razvoja u hrvatskom kontekstu.
2. Validirati digitalnu verziju CTC Upitnika za djecu i mlade.
3. Razviti i testirati digitalno korisničko sučelje za procjenu rizičnih i zaštitnih čimbenika, prevalencije rizičnih ponašanja i latentnih profila mladih.
4. Osigurati prijenos podataka donositeljima odluka i podržati njihovu primjenu u lokalnom preventivnom planiranju.

METODOLOGIJA

- Razvoj digitalne verzije CTC Upitnika za djecu i mlade.
- Psihometrijska validacija digitalne verzije upitnika.
- Testiranje digitalnog korisničkog sučelja u jednoj županiji.
- Pilot primjena upitnika na najmanje 600 sudionika.
- Provjera pouzdanosti, valjanosti i mjernih svojstava instrumenta.
- Analiza podataka primjenom naprednih statističkih metoda:
  - konfirmatorna faktorska analiza (CFA),
  - multigrupna faktorska analiza (MG-CFA)
  - strukturno modeliranje
  - analiza latentnih profila
  - analiza trendova
- Iterativni razvoj digitalnog korisničkog sučelja kroz:
  - testiranje
  - prilagodbe
  - uključivanje povratnih informacija korisnika.

OČEKIVANI REZULTATI

Očekivani rezultati projekta uključuju:

- potvrđen Model socijalnog razvoja u hrvatskom kontekstu,
- validiranu digitalnu verziju CTC Upitnika za djecu i mlade,
- razvijen i testiran prototip digitalnog korisničkog sučelja,
- generirane lokalne profile rizičnih i zaštitnih čimbenika,
- izrađene preporuke za strateško preventivno planiranje,
- razvijenu stabilnu verziju digitalnog sustava spremnu za primjenu u više zajednica,
- educirane donositelje odluka za korištenje podataka u oblikovanju lokalnih preventivnih strategija.

INOVATIVNOST PROJEKTA

1. Prva digitalna verzija CTC Upitnika prilagođena hrvatskom kontekstu
2. Uporaba naprednih statističkih analiza (CFA, MG-CFA, latentni profili)
3. Automatizirano generiranje znanstveno utemeljenih lokalnih profila
4. Interaktivna veza između znanosti i lokalne politike
5. Prvi digitalni sustav u RH za praćenje rizičnih i zaštitnih čimbenika i rizičnih ponašanja mladih kroz vrijeme
6. Modularni dizajn omogućuje prilagodbu zajednicama uz očuvanje validnosti

INFO O PROJEKU

DIGIPREV

Ovo istraživanje financirano je sredstvima Europske unije kroz Nacionalni plan oporavka i otpornosti 2021.–2026. (NPOO) u sklopu institucionalnog financiranja istraživanja Sveučilišta u Zagrebu Edukacijsko-rehabilitacijskog fakulteta (projekt: Razvoj metodologije digitalne procjene rizičnih i zaštitnih čimbenika te prevalencije rizičnih ponašanja kao temelja za strateško planiranje prevencije u zajednici (DIGIPREV), šifra: IIP-02-DIGIPREV).

Projekt se provodi u partnerstvu s Varaždinskom županijom i Hrvatskom akademskom i istraživačkom mrežom - CARNET.

Financira Europska unija
NextGenerationEU

Project Overview

Development of a Methodology for the Digital Assessment of Risk and Protective Factors and the Prevalence of Risk Behaviours as a Foundation for Strategic Planning of Prevention in the Community (DIGIPREV)

Martina Ferić, Josipa Mihić, Miranda Novak, Katarina Serdar Čerpnjak, Matea Škrlec, Lucija Šutić Barbarić

University of Zagreb Faculty of Education and Rehabilitation Sciences, Department of Behavioural Disorders, Laboratory for Prevention Research

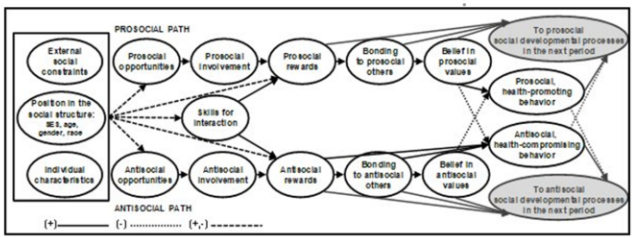
PREVREG regionalna konferencija

INTRODUCTION

Effective prevention of risk behaviours among children and youth requires the systematic collection and use of data on risk and protective factors within the community. In the Republic of Croatia, there is currently no standardised, digitally supported system that enables continuous assessment of factors associated with young people's developmental outcomes and their use in the strategic planning of prevention efforts.

The DIGIPREV project is based on the Social Development Model, which highlights the importance of individual and contextual factors within the family, school, peer environment, and community for the development of prosocial or risk behavioural patterns. The project develops and validates a digital assessment methodology that enables scientifically grounded, timely, and locally tailored planning of preventive strategies.

Figure 1. Social Development Model (Cambron et al., 2019)



PROJECT GOAL

The main objective of the project is to examine the theoretical Social Development Model by developing and validating a digital methodology for assessing protective and risk factors associated with the development of behavioural problems among children and youth, with the aim of enabling scientifically grounded planning of preventive strategies in communities.

Specific objectives:

1. Empirically test the theoretical assumptions of the Social Development Model in the Croatian context.
2. Validate the digital version of the CTC Youth Survey.
3. Develop and test a digital user interface for assessing risk and protective factors, the prevalence of risky behaviours, and latent profiles of young people.
4. Ensure the transfer of data to decision-makers and support its application in local preventive planning.

METHODOLOGY

- Development of a digital version of the CTC Youth Survey.
- Psychometric validation of the digital version of the survey.
- Testing of the digital user interface in one county.
- Pilot implementation of the survey with at least 600 participants.
- Examination of the reliability, validity and measurement properties of the instrument.

- Data analysis using advanced statistical methods:
  - Confirmatory factor analysis (CFA)
  - Multi-group confirmatory factor analysis (MG-CFA)
  - Structural equation modelling
  - Latent profile analysis
  - Trend analysis

- Iterative development of the digital user interface through: testing, adaptations & incorporation of user feedback

EXPECTED RESULTS

Expected project outcomes include:

- a confirmed Social Development Model in the Croatian context
- a validated digital version of the CTC Youth Survey
- a developed and tested prototype of the digital user interface
- generated local profiles of risk and protective factors
- developed recommendations for strategic preventive planning
- a stable version of the digital system ready for implementation in multiple communities
- trained decision-makers in using data to shape local preventive strategies

INNOVATIVENESS OF THE PROJECT

1. The first digital version of the CTC Youth Survey adapted for the Croatian context.
2. Use of advanced statistical analyses (CFA, MG-CFA, latent profiles).
3. Automated generation of scientifically grounded local profiles.
4. An interactive link between science and local policy.
5. The first digital system in the Republic of Croatia for monitoring risk and protective factors and youth risk behaviours over time.
6. A modular design enabling adaptation to communities while preserving validity.

PROJECT INFO

DIGIPREV

This research was funded by the European Union through the National Recovery and Resilience Plan 2021–2026 (NPOO) as part of the institutional research funding of the University of Zagreb Faculty of Education and Rehabilitation Sciences (project: Development of a Digital Methodology for Assessing Risk and Protective Factors and the Prevalence of Risk Behaviors as a Basis for Strategic Community Prevention Planning (DIGIPREV), code: IIP-02-DIGIPREV)

The project is being implemented in partnership with Varaždin County and the Croatian Academic and Research Network, CARNET.

Funded by the European Union NextGenerationEU

PrevLab

Važnost europskih projekata za unapređenje preventivnog djelovanja u Hrvatskoj – primjer projekta JA PRISM

Karmen Korda Orlović[1], Danijela Štimac Grbić[1,2]
[1]Croatian Institute of Public Health, [2]School of Public Health „Andrija Štampar“

UVOD

Sudjelovanje u europskim projektima važan je alat za unapređenje sustava mentalnog zdravlja, uključujući i segment prevencije. Posebno su značajni projekti usmjereni na implementaciju odabranih najboljih praksi, čime se omogućuje prijenos znanja i intervencija utemeljenih na dokazima u nacionalne sustave.

JA PRISM

Cilj projekta JA PRISM (Prevention-oriented Rights-based Approach to Support Mental Health in Vulnerable Population Groups) je smanjenje opterećenja mentalnim poremećajima kod ranjivih skupina kroz unapređenje mentalnog zdravlja, prevenciju mentalnih poremećaja te poboljšanje dostupnosti skrbi i liječenja. Ti se ciljevi ostvaruju implementacijom triju najboljih praksi: BIZI (prevencija samoubojstava), Circle of Friends (smanjenje usamljenosti kod starijih osoba) i ABC: Act-Belong-Commit (unapređenje dobrobiti djece i mladih).

BIZI

BIZI je online edukacija usmjerena na tzv. gatekeepere, odnosno nezdravstvene stručnjake i članove zajednice, s ciljem razvoja kompetencija za prepoznavanje osoba u riziku od samoubojstva, pružanje inicijalne podrške i upućivanje na daljnju skrb.

Prijevod i kulturološka prilagodba → Tehnička priprema → Objava i diseminacija → Praćenje i evaluacija

Slika 1. Plan implementacije BIZI programa u Hrvatskoj

ACT-BELONG-COMMIT

Act-Belong-Commit predstavlja javnozdravstveni okvir usmjeren na promicanje dobrobiti kroz poticanje aktivnosti, socijalne povezanosti i sudjelovanja u smislenim aktivnostima.
Glavna karakteristika: primjenjivost u svim kontekstima!
U Hrvatskoj planirana implementacija podrazumijeva digitalnu kampanju i pilot projekt u srednjim školama.

ABeCeda mentalnog zdravlja → Aktiviraj se → Budi povezan → Cijeni i doprinesi zajednici

OČEKIVANI ISHODI

→ Povećanje kapaciteta u području prevencije samoubojstava, unapređenje kompetencija dionika te jačanje sustava za provedbu preventivnih intervencija.

ZAKLJUČAK

Europski projekti omogućuju unapređenje prevencije kroz implementaciju znanstveno utemeljenih praksi uz prilagodbu nacionalnom kontekstu.

JA PRISM
Prevention oriented rights-based approach to support mental health in vulnerable population groups
Co-funded by the European Union

The Importance of European Projects for Strengthening Prevention Efforts in Croatia – The Example of the JA PRISM Project

Karmen Korda Orlović[1], Danijela Štimac Grbić[1,2]
[1]Croatian Institute of Public Health, [2]School of Public Health „Andrija Štampar“

HZJZ

INTRODUCTION

Participation in European projects is an important tool for strengthening mental health systems, including prevention efforts. Projects focused on implementing selected best practices are particularly valuable, as they facilitate the transfer of knowledge and evidence-based interventions into national systems.

JA PRISM

The objective of the JA PRISM (Prevention-oriented Rights-based Approach to Support Mental Health in Vulnerable Population Groups) is to reduce the burden of mental disorders among vulnerable population groups by promoting mental health, preventing mental disorders, and improving access to care and treatment. These objectives are pursued through the implementation of three best practices: BIZI (suicide prevention), Circle of Friends (reducing loneliness among older adults), and Act-Belong-Commit (promoting mental well-being among children and young people).

BIZI

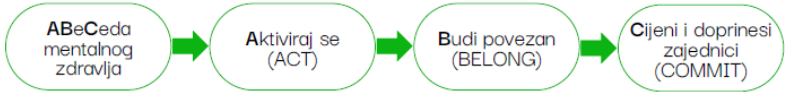
BIZI is an online training programme aimed at gatekeepers (non-health professionals and community members) to develop competencies for identifying individuals at risk of suicide, providing initial support, and referring them to appropriate care.



Figure 1. Implementation plan of the BIZI program in Croatia

ACT-BELONG-COMMIT

Act-Belong-Commit is a public health framework aimed at promoting well-being by encouraging activity, social connectedness, and participation in meaningful pursuits.
Key characteristic: applicability across all settings and contexts.
In Croatia, the planned implementation includes a digital campaign and a pilot project in secondary schools.



EXPECTED OUTCOMES

→ Increased capacity in the field of suicide prevention, enhanced stakeholder competencies, and strengthened systems for the implementation of preventive interventions.

CONCLUSION

Projects co-funded by the EU contribute to advancing prevention efforts by implementing scientifically validated best practices adapted to the national context.

JA PRISM
Prevention oriented rights-based approach to support mental health in vulnerable population groups
Co-funded by the European Union

Sekundarna uporaba zdravstvenih podataka u prevenciji samoubojstava: konceptualni okvir

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HZJZ
HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO

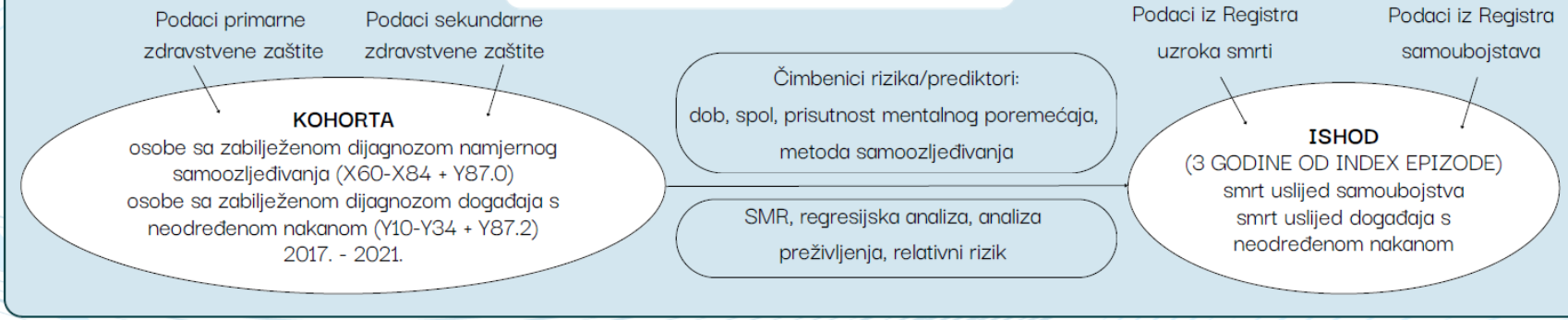
UVOD

Samoubojstvo predstavlja važan javnozdravstveni problem, a prethodno samoozljeđivanje jedan je od najsnažnijih prediktora kasnije smrti uslijed samoubojstva. Rutinski prikupljeni zdravstveni podaci pružaju mogućnost ranog prepoznavanja osoba u povećanom riziku te razvoja učinkovitijih preventivnih intervencija.

CILJ

Razviti konceptualno-metodološki okvir za korištenje zdravstvenih podataka u identifikaciji rizičnih skupina i unapređenju prevencije samoubojstava.

METODOLOŠKI OKVIR



POTENCIJAL PRIMJENE

Rano prepoznavanje osoba u povećanom riziku
Identifikacija ključnih točaka za intervenciju unutar zdravstvenog sustava
Planiranje ciljanih preventivnih aktivnosti i ranog tretmana

ZAKLJUČAK

Sekundarna uporaba zdravstvenih podataka predstavlja vrijedan alat za razvoj strategija prevencije samoubojstava. Integracija različitih izvora podataka može doprinijeti prepoznavanju rizičnih skupina i učinkovitijem javnozdravstvenom djelovanju.

Secondary Use of Health Data in Suicide Prevention: A Conceptual Framework

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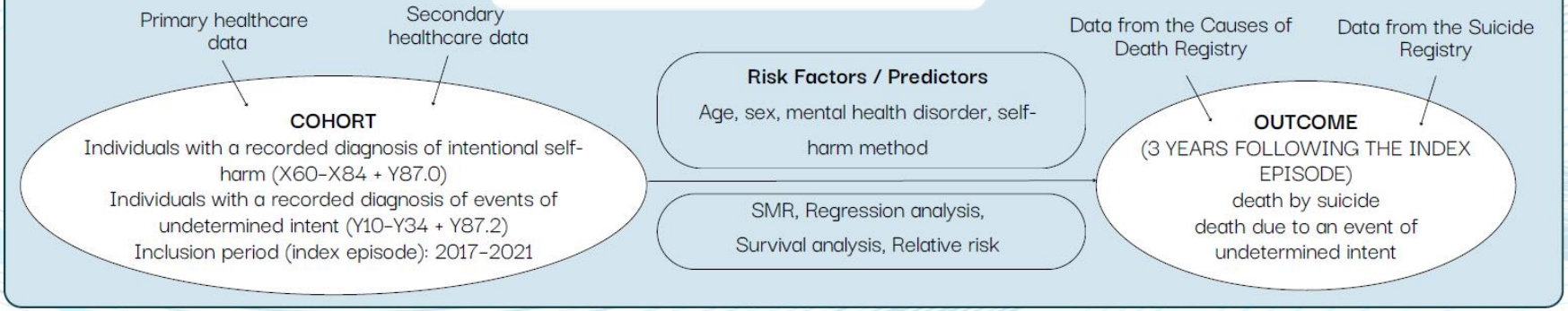
INTRODUCTION

Suicide is a major public health issue, and previous self-harm is one of the strongest predictors of subsequent death by suicide. Routinely collected health data provide an opportunity for the early identification of individuals at increased suicide risk and the development of more effective preventive interventions.

OBJECTIVE

To develop a conceptual and methodological framework for the secondary use of health data in identifying high-risk groups and improving suicide prevention.

METHODOLOGICAL FRAMEWORK



POTENTIAL APPLICATIONS

Early identification of individuals at increased risk
Identification of key intervention points within the healthcare system
Planning of targeted preventive and early treatment activities

CONCLUSION

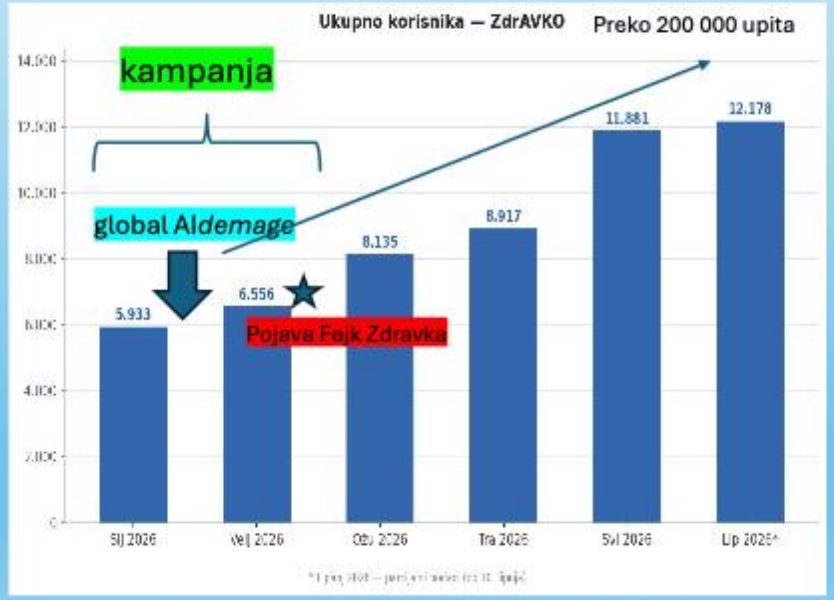
The secondary use of health data represents a valuable tool for developing suicide prevention strategies. Integrating different data sources can contribute to the identification of high-risk groups and support more effective public health action.

RH iskustvo u primjeni AI tehnologije u preventivnoj zdravstvenoj zaštiti - ZdrAVKO





Tomislav Benjak, Tatjana Nemeth Blažić, Krunoslav Capak



Osnovne informacije

- Osnovni cilj:

Unapređenje preventivnih aktivosti i zdravstvene pismenosti građana

- Pristup isključivo preko Whatsupa – scan QR kod
- Asistent isključivo za područje preventive – obrađuje više od 60 preventivnih tema
- WHO preporuka o primjeni AI u unapređenju javnog zdravlja



HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO

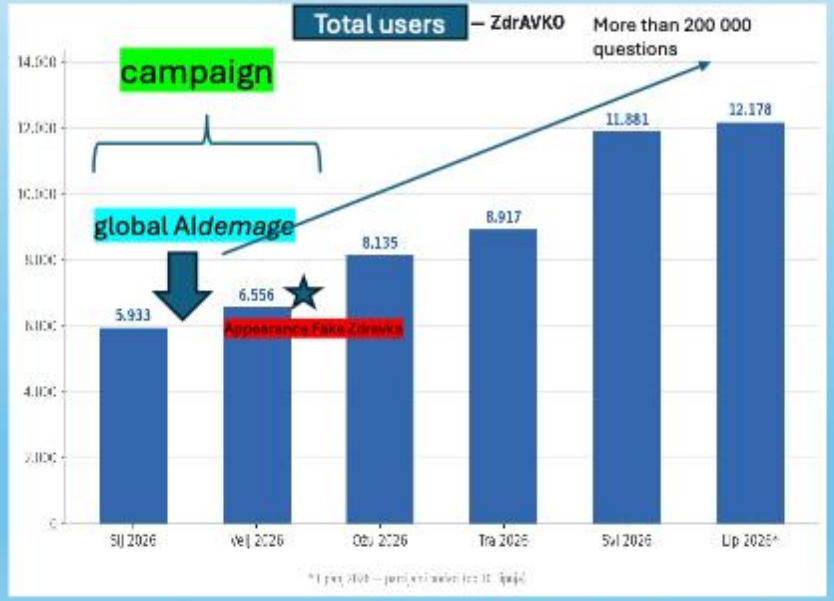
ZDRAVLJE PRVO.

Croatian experience in applying AI technology in preventive healthcare - ZdrAVKO





Tomislav Benjak, Tatjana Nemeth Blažić, Krunoslav Capak



Main information

- Main goal:

Improvement of preventive activities and health literacy of citizens

- Access only via WhatsApp - scan QR code
- Assistant exclusively for the field of prevention – covers more than 60 prevention topics
- WHO recommendation on the application of AI in improving public health



HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO

ZDRAVLJE PRVO.

GINA

AI asistentica za ginekološku pismenost putem WhatsApp platforme



WhatsApp platforma

STATISTIKA KORIŠTENJA: 4.9.2025.–15.5.2026.

984 korisnika	**29.842** poruka (korisnici + chatbot)
2.384 sesija	**~11** poruka po sesiji

PARTNERI I PODRŠKA

Woom · Infobip · HZJZ
Ministarstvo zdravstva RH
Stručna društva HLZ-a
Organizacije civilnog društva: HUHIV · HLPR · Sve za nju

Digitalna zdravstvena intervencija · AI · WhatsApp

GINA — AI asistentica za ginekološku pismenost

Tatjana Nemeth Blažić, Ulla Marton, Davor Dubravić, Tom Gavazzi, Tomislav Benjak

UVOD

U današnjem svijetu u kojem gotovo svi koriste pametne telefone, intervencija zdravstvene edukacije putem mobitela idealan je način za dosezanje ciljane populacije. Gina je digitalni alat namijenjen zdravstvenoj edukaciji i informiranju koji koristi AI. Pruža 24/7 pristup informacijama o ginekološkom zdravlju - uključujući teme iz seksualnog, reproduktivnog i mentalnog zdravlja - putem individualizirane, anonimne i diskretne komunikacije sa simuliranim zdravstvenim stručnjakom.

RAZVOJ I IMPLEMENTACIJA

Sadržaj su pripremili zdravstveni stručnjaci na temelju medicinskih izvora, nacionalnih i međunarodnih smjernica te kliničkog iskustva. Tehnički razvoj: Woom i Infobip. Cilj projekta je osnažiti žene i zajednice za odgovorno i informirano odlučivanje o svom zdravlju te smanjiti nelagodu i stigmu oko razgovora o intimnom zdravlju. Digitalni alat u ranoj fazi (beta verzija) implementiran je u rujnu 2025.

WHO KLASIFIKACIJA

Prema klasifikaciji Svjetske zdravstvene organizacije digitalnih intervencija, usluga i aplikacija u zdravstvu (WHO, 2023), Gina spada u digitalne alate za intervenciju putem zdravstvene edukacije komunikacijom na zahtjev osobe kroz simuliranu interakciju/razgovor nalik ljudskoj.

ZAKLJUČAK

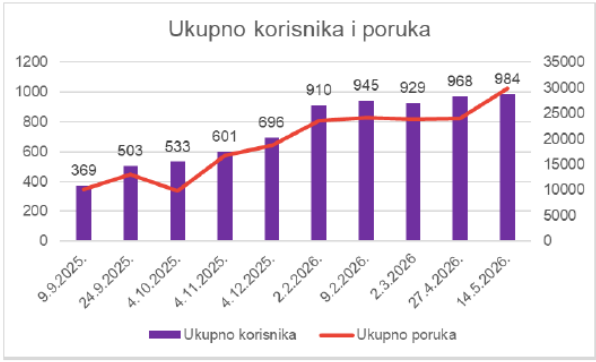
Interaktivne digitalne intervencije zdravstvene edukacije koje se provode kroz komunikaciju putem mobilnih telefona korištenjem AI tehnologije mogu biti koristan dodatni način za povećanje znanja i zdravstvene pismenosti žena i zajednice u području ginekološkog, seksualnog i reproduktivnog zdravlja, kao i očuvanja i unaprjeđenja općeg zdravlja.

REZULTATI

Gina koristi interaktivnu simuliranu komunikaciju nalik ljudskoj putem pisanja tekstualnih poruka na hrvatskom jeziku u WhatsApp-u. Funkcionalnosti: informacije u izborniku i korisne poveznice, odgovori na upite, slanje broadcast poruka za prigodne dane (tekst može biti na engleskom, ali odgovori su na hrvatskom; korisnici također mogu postavljati glasovne upite). Baza znanja kontinuirano se ažurira i poboljšava od strane tima stručnjaka.

NAJČEŠĆE TEME UPITA KORISNIKA: veljača – travanj 2026.

19%	**Menstruacija i ciklus**	*Najduži razgovori — prosjek 13 poruka*
10%	**Trudnoća**	*Visok interes — tjedni, nalazi, prehrana simptomi*
8%	**Endometrioza / PCOS**	*Uključuje vaginalne tegobe i infekcije*
5%	**HPV i prevencija**	*Pitanja o cjepivu i cijepljenju protiv HPV-a*
3%	**Menopauza i hormoni**	*Kraći razgovori — specifična pitanja*
2.5%	**Papa test / kontracepcija**	*Kraći razgovori — upiti o konkretnim nalazima*



GINA

AI assistant for gynecological literacy via WhatsApp



WhatsApp platform

USAGE STATISTICS: Sep 2025 – 15 May 2026

984 users	**29.842** messages (users + chatbot)
2.384 sessions	**~11** messages per session

PARTNERS AND SUPPORT

Woom · Infobip · HZJZ
Ministry of Health of the Republic of Croatia
Professional societies of Croatian Medical Association
Civil society organizations: HUHIV · HLPR · Sve za nju

Digital Health Intervention · AI · WhatsApp

GINA — AI Assistant for Gynecological Health Literacy

Tatjana Nemeth Blažić, Ulla Marton, Davor Dubravić, Tom Gavazzi, Tomislav Benjak

INTRODUCTION

In today's world where almost everyone uses smartphones, mobile health education intervention is an ideal way to reach target population. Gina is a digital tool designed for health education and information that uses AI. It provides 24/7 access to information on gynecological health — including topics from sexual, reproductive and mental health — through individualised,anonymous and discreet communication with a simulated health professional.

DEVELOPMENT AND IMPLEMENTATION

Content was prepared by healthcare professionals based on medical sources, national and international guidelines and clinical experience. Technical development: Woom and Infobip. Aim of the project is to empower women and communities for responsible and informed decisions about their health and reduce discomfort and stigma surroundig conversation about intimate health. Early-stage digital tool (beta version) was implemented in September 2025.

WHO CLASSIFICATION

According to the World Health Organization classification of digital interventions, services and applications in health (WHO, 2023), Gina falls under digital tools for health education intervention through on-demand communication via simulated human-like interaction/conversation.

CONCLUSION

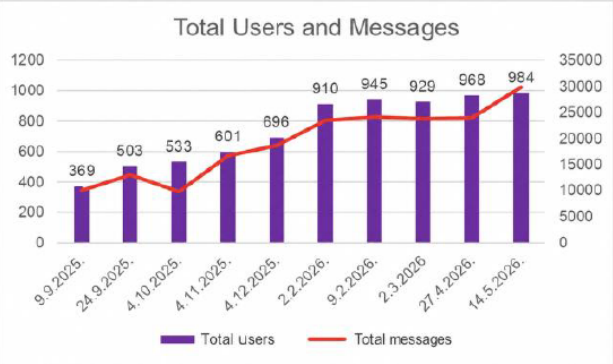
Interactive digital education interventions delivered through mobile phone communication using AI technologies can be a useful additional way to improve women and communities knowledge and health literacy in the field of gynecological, sexual and reproductive health, as well as preservation and improvement of general health.

RESULTS

Gina uses interactive simulated human-like communication via text messaging in Croatian on WhatsApp. Functionalities: menu-based information including useful links, answers to queries, broadcast messages for special occasions and health awareness days (text can be in English, but responses are in Croatian; users can also make voice queries). The knowledge base is continuously updated and improved by a team of experts.

MOST FREQUENT TOPICS FOR USERS QUERIES: February – April 2026

- **19%** Menstruation and cycle — *Longest conversations — average 13 messages*
- **10%** Pregnancy — *High interest — weeks, findings, nutrition, symptoms*
- **8%** Endometriosis / PCOS — *Includes vaginal symptoms and infections*
- **5%** HPV prevention — *Questions about HPV vaccine and vaccination*
- **3%** Menopause and hormones — *Shorter conversations — specific questions*
- **2.5%** Pap smear / contraception — *Shorter conversations — specific test results*



PROGRAM „JAČANJE KOMPETENCIJA U RADU S MLADIMA”

Nastavni zavod za javno zdravstvo „Dr. Andrija Štampar”

Mr. sc., Snježana Šalamon, socijalna radnica, snjezana.salamon@stampar.hr
Mr. Andreja Radić, socijalna radnica
Prim. dr. sc. Marija Kušan Jukić, spec. psihijatar





UVOD:
Program „Jačanje kompetencija u radu s mladima” predstavlja jedan od preventivnih programa Službe za mentalno zdravlje i prevenciju ovisnosti Nastavnog zavoda za javno zdravstvo „Andrija Štampar”, a počeo se provoditi 2015.g. Program je namijenjen nastavnicima i stručnim suradnicima te se provodi kroz jedno predavanje i četiri interaktivne radionice. Predavanje obuhvaća nova znanja i teorijske osnove za rad s mladima, a radionice obuhvaćaju slijedeće teme:

- Komunikacijske vještine učitelja i profesora
- Stresori i strategije nošenja sa stresom
- Mentalno zdravlje učenika
- Poremećaji u ponašanju učenika

Dugoročni cilj Programa je smanjenje rizičnog ponašanja i sklonosti konzumaciji psihoaktivnih tvari.
Kratkoročni ciljevi:

- Razvijanje vještina i podizanje razine znanja odgojno- obrazovnih djelatnika potrebnih za rad s učenicima
- Poboljšati komunikaciju i odgojno- obrazovnih djelatnika i učenika vezanih uz rizična ponašanja
- Promoviranje anti-ovisničkih obrazaca ponašanja
- Senzibiliziranje odgojno- obrazovnih djelatnika za probleme rizičnog ponašanja

PROVEDBA I EVALUACIJA:
Tijekom devet školskih godina edukacija je provedena u 61 osnovne škole i 55 srednjih škola u Gradu Zagrebu. Predavanju je prisustvovalo 5503 odgojno- obrazovnih djelatnika, dok je radionice pohađalo njih 1503. Program su provodila 2 socijalna radnika i 1 socijalni pedagog. Na početku provedbe Programa 74% sudionika je odgovorilo da nikada prije nisu bili uključeni u isti ili slični program.
Na kraju edukacije sudionici su putem kratkog upitnika procijenili svoje zadovoljstvo Programom. Rezultati su sljedeći:



	Vođenje radionice	Vrijeme predviđeno za radionicu	Korist za budući rad	Ispunjenost očekivanja
Moje komunikacijske vještine.	4,7	4,5	4,2	4,8
Kako se nositi sa stresom.	4,8	4,4	4,3	4,9
Mentalno zdravlje mladih.	4,7	4,6	4,2	4,7
Poremećaji u ponašanju mladih.	4,8	4,5	4,1	4,6

ZAKLJUČAK:
Program „Jačanje kompetencija u radu s mladima” razvijen je s ciljem pomoći odgojno- obrazovnim djelatnika i podrške u njihovom svakodnevnom radu s mladima. Program je dobro prihvaćen, a završna evaluacija ukazuje na njegovu korist u pogledu osobnog i profesionalnog razvoja. Sudionici su provedbu Programa ocijenjivali na ljestvici od 1 do 5, pri čemu je ukupna prosječna ocjena iznosila 4,5. Provedba ovog Programa primjer je dobre prakse i suradnje zdravstvenog i obrazovnog sektora u području prevencije rizičnih oblika ponašanja mladih. Procjena provedbe, kao i pozitivni komentari, ukazuju na potrebu za daljnjom primjenom Programa.

PROGRAMME „COMPETENCE STRENGTHENING IN WORKING WITH YOUTH”

The Teaching Institute of
Public Health “Dr. Andrija Štampar”

Master of Science, Snježana Šalamon, social worker, snjezana.salamon@stampar.hr
Master, Andreja Radić, social worker
Marija Kušan Jukić, PhD M.D. primarius





INTRODUCTION:

The Program “Strengthening Competencies in Working with Youth” is one of the preventive programs of the Department for Mental Health and Addiction Prevention at the Andrija Štampar Teaching Institute of Public Health, and it has been implemented since 2015. The Program is intended for teachers and professional associates and is carried out through one lecture and four interactive workshops. The lecture provides new knowledge and theoretical foundations for working with youth, while the workshops cover the following topics:

- Communication skills of education professionals
- Stressors and coping strategies
- Students’ mental health
- Behavioral disorders in students

The long-term goal of the program is to reduce risky behaviors, specifically the tendency to use psychoactive substances.
Short-term goals:

- Developing skills and enhancing the level of knowledge of education professionals required for working with students
- Improving communication between education professionals and students regarding risk behaviours
- Promoting substance-free (anti-addiction) behavioural patterns
- Raising awareness among education professionals about issues related to risk behaviours

IMPLEMENTATION AND EVALUATION:

Over a period of nine school years, the Programe was implemented in 61 primary schools and 55 secondary schools in the City of Zagreb. A total of 5,503 education professionals members attended the lectures, while 1,503 participated in the workshops. The Programe was delivered by two social workers and one social pedagogue. At the beginning of the Programme implementation, 74% of participants reported that they had never previously participated in the same or a similar programe.
At the end of the training, participants evaluated their satisfaction with the Program through a short questionnaire. The results are as follow:



	Workshop Delivery	Time Allocated for the Workshop	Usefulness for Future Work	Expectations Met
My communication skills	4,7	4,5	4,2	4,8
How to cope with stress	4,8	4,4	4,3	4,9
Youth mental health	4,7	4,6	4,2	4,7
Behavioral disorders in youth	4,8	4,5	4,1	4,6

CONCLUSION:

The Program “Strengthening Competencies in Working with Youth” was developed with the aim of providing support and assistance to teachers and professional associates in their everyday work with young people. The Program has been well received, and the final evaluation indicates its benefits in terms of both personal and professional development. Participants rated the implementation of the Programe on a scale from 1 to 5, with an overall average score of 4.5. The implementation of this Program represents an example of good practice and collaboration between the health and education sectors in the field of prevention of risky behaviors among young people. The evaluation results, as well as positive feedback, indicate the need for continued implementation of the Program.





Nastavni zavod za javno zdravstvo Splitsko-dalmatinske županije
Služba za mentalno zdravlje
www.nzjz-split.hr
NE ovisni ĐIR
zdrave_ideje

Univerzalni pristup prevenciji poticanjem razvoja emocionalnih kompetencija u Splitsko-dalmatinskoj županiji

Mirjam Juginović, Mirela Grbić i Željko Ključević
Nastavni zavod za javno zdravstvo Splitsko-dalmatinske županije
mirjam.juginovic@nzjz-split.hr

Javnozdravstveni projekt "Pretežno vedro"

ciljna skupina: učenici 6. razreda iz 29 škola Splitsko-dalmatinske županije
provoditelji: stručni suradnici
alat: društvena igre "Pretežno vedro"
aktivnosti: učenici sudjeluju u radionicama u kojima se koriste publikacije Službe za mentalno zdravlje NZJZ SDŽ nakon čega se natječu u školskim natjecanjima

Zaigrajte e-igru!

Pogledajte video!

Uvod

Javnozdravstveni projekt pod nazivom „**Pretežno vedro**" provodi se kao univerzalni preventivni program usmjeren na smanjenje rizika razvoja ovisnosti emocionalnim opismenjavanjem učenika. U projektnim aktivnostima sudionici uče prepoznavati i imenovati vlastite emocije i emocije drugih osoba, te primjenjujući usvojene vještine prikladno reagirati u različitim životnim situacijama.

Metoda

Za potrebe vrednovanja projektnih aktivnosti primjenjuje se **upitnik samoprocjene socioemocionalnih kompetencija** WCSD SECA skraćena verzija (engl. *The Washoe County School District Social and Emotional Competency Short-Form Assessment*). Upitnik je preveden na hrvatski jezik metodom dvostrukog prijevoda, a provodi se prije i poslije sudjelovanja u projektu kako bi se provjerila učinkovitost aktivnosti. U šk. god. 2025./2026. analizirano je **696 uparenih upitnika na uzorku učenika šestih razreda iz 29 škola** s područja Splitsko-dalmatinske županije. Osim toga, učenici ispunjavaju i upitnik o zadovoljstvu društvenom igrom Pretežno vedro, koji je dio digitalne verzije alata.

Rezultati

Wilcoxonov test ekvivalentnih parova ($Z = -9{,}880$, $p < 0{,}01$, $r = 0{,}37$) pokazao je da su učenici svoje **sposobnosti samoprocjenjivali višima nakon sudjelovanja u projektu** (Mdn = 3,12; Q_1–Q_3 = 2,82–3,41) nego prije sudjelovanja (Mdn = 3,00; Q_1–Q_3 = 2,76–3,24). Što se tiče procjene zadovoljstva, više od 80% igrača se u potpunosti ili uglavnom slaže da je igra na temu osjećaja korisna, da im se sviđa takav način učenja kroz igru, te da su igrajući igru naučili nešto novo o osjećajima.

Zaključak

Rezultati potvrđuju korisnost projekta „Pretežno vedro" kao univerzalne preventivne intervencije usmjerene na jačanje socioemocionalnih kompetencija djece. Uključivanje emocionalnog opismenjavanja u školsko okruženje predstavlja važan doprinos razvoju zaštitnih čimbenika povezanih s prevencijom ovisnosti i mentalnim zdravljem u cjelini.





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A Universal Prevention Approach to Fostering Emotional Competencies in Split-Dalmatia County

Mirjam Juginovic, Mirela Grbic i Zeljko Kljucevic
Public Health Institute of Split-Dalmatia County
mirjam.juginovic@nzjz-split.hr

Public Health Project "Mostly Sunny"

target group: 6th-grade students from 29 elementary schools in Split-Dalmatia County

implementers: expert associates

tool: "Mostly Sunny" educational board game

activities: Students participate in workshops using educational materials developed by the Mental Health Service of the Public Health Institute of Split-Dalmatia County. Following the workshops, students compete in school-based tournaments using the "Mostly Sunny" board game.

Play the Game!

Watch the Video!

Introduction

The public health project "**Mostly Sunny**" is implemented as a universal prevention program aimed at reducing the risk of addiction through the development of emotional literacy among students. Through project activities, participants learn to recognize and label their own emotions as well as the emotions of others, and to apply these skills appropriately in various life situations.

Method

To evaluate the project activities, the Washoe County School District Social and Emotional Competency Short-Form Assessment (WCSD SECA) was used as a **self-report measure of socio-emotional competencies**. The questionnaire was translated into Croatian using the double-translation method. It was administered before and after participation in the project to assess intervention effectiveness. During the 2025/2026 school year, a total of **696 matched questionnaires** were analyzed, collected **from sixth-grade students attending 29 schools** in Split-Dalmatia County.

In addition, students completed a satisfaction questionnaire regarding the Mostly Sunny board game, which is integrated into the digital version of the tool.

Results

The Wilcoxon signed-rank test ($Z = -9.880$, $p < .01$, $r = .37$) indicated that **students rated their socio-emotional competencies significantly higher after participating in the project** (Mdn = 3.12; Q1–Q3 = 2.82–3.41) than before participation (Mdn = 3.00; Q1–Q3 = 2.76–3.24).

Regarding satisfaction with the board game, more than 80% of participants completely or mostly agreed that the game was useful for learning about emotions, that they enjoyed this game-based learning approach, and that they had learned something new about emotions while playing.

Conclusion

The findings confirm the value of the Mostly Sunny project as a universal preventive intervention aimed at strengthening children's socio-emotional competencies. Integrating emotional literacy into the school environment represents an important contribution to the development of protective factors associated with addiction prevention and the promotion of mental health overall.

Prikaz nacionalnog programa mentalnozdravstvene pismenosti za odgojno-obrazovne djelatnike: PoMoZi Da

Muslić, Lj. [1], Ivasović, V. [1], Markelić, M. [1], Vučagić, S. [1] i Musić Milanović, S. [1,2]
[1] Hrvatski zavod za javno zdravstvo, Služba za promicanje zdravlja, [2] Škola narodnog zdravlja dr. Andrija Štampar, Medicinski fakultet Sveučilišta u Zagrebu

2016 - 2017
Analiza potreba i resursa
Istraživanje: N= 2027 odgojno-obrazovnih djelatnika OŠ i SŠ

2018 - 2019
Razvoj programa: radna skupina i savjetodavna skupina

2019 - 2020
Edukacija 3P edukatora

2020 - 2022
Implementacija

2022 -
Praćenje i evaluacija

2026 -
Proširenje programa: odgajatelji u domovima za djecu bez odgovarajuće roditeljske skrbi

Mentalno zdravlje (MZ) djece i mladih

Porast:

- anksioznih poremećaja
- depresivnih poremećaja
- samoozljeđivanja
- pokušaja i izvršenih samoubojstava

razredni odjel: 25
teškoće MZ: 5
stručna pomoć: 1

Škola: mjesto uočavanja promjena u ponašanju, raspoloženju i obrazovnom postignuću – značaj edukacije učitelja i nastavnika o MZ



Razine programa PoMoZi Da

1. **osnovna razina – online (Loomen platforma)**: suvremeno shvaćanje MZ-a, MZ djece i mladih, psihološka prva pomoć
2. **napredna razina – trodnevne radionice**: anksioznost, depresivnost, samoozljeđivanje, samoubojstvo
3. **dodatne jednodnevne radionice**: gubitak i tugovanje, trauma, anksiozni i depresivni simptomi povezani sa zlouporabom alkohola, suradnja s roditeljima

Broj sudionika

- osnovna razina edukacije (2020. do danas): **4600**
- trodnevne radionice (2020. - 2025.): **1506**
- dodatne radionice (2023. - 2025.): **361**

Mentalno zdravstvena pismenost

- znanja
- vještine
- uvjerenja

Psihološka prva pomoć = životna vještina



Edukacija 3P edukatora

- dvodnevna edukacija u malim skupinama
- postupak certificiranja (uspješno vođenje dvije trodnevne edukacije)
- više od 40 certificiranih 3P edukatora: stručnjaci iz županijskih zavoda za javno zdravstvo i stručni suradnici OŠ i SŠ



Evaluacija

- znanje
- spremnost na pružanje pomoći
- vještine psihološke prve pomoći
- stavovi i uvjerenja o MZ

Porast

vesna.ivasovic@hzjz.hr

Overview of the National Mental Health Literacy Programme for Education Professionals: PoMoZi Da

Muslić, Lj.[1], Ivasović, V.[1], Markelić, M.[1], Vučagić, S.[1] & Musić Milanović, S.[1,2]

[1] Croatian Institute of Public Health, Health Promotion Division, [2] School of Public Health 'Andrija Štampar', School of Medicine, University of Zagreb

2016 - 2017
Needs assessment and resources analyses
Research: N=2.027 education professionals

2018 - 2019
Programme development: working group and advisory group

2019 - 2020
Training of the 3P trainers

2020 - 2022
Implementation

2022 -
Monitoring and evaluation

2026 -
Programme expansion to caregivers in residential homes for children without adequate parental care

Students' mental health (MH)

Increase in:
- anxiety
- depression
- self-harm
- suicide attempts and suicide

class size: 25
MH difficulties: 5
professional help: 1



Schools are an important setting for identifying changes in students' behaviour, mood and academic performance – the importance of teacher training

Levels

1. **basic level (online education):** contemporary understanding of MH, child and adolescent MH, psychological first aid
2. **advanced level – three-day workshops:** anxiety, depression, self-harm, suicide
3. **additional one-day workshops:** loss and grief, trauma, anxiety and depressive symptoms associated with alcohol misuse, parent-teacher cooperation

Number of participants

- basic level (2020 – present): **4.600**
- three-day workshops (2020 – 2025): **1.506**
- one-day workshops (2023 – 2025): **361**

Mental health literacy

- knowledge
- skills
- beliefs

Psychological First Aid = A Life Skill



Training of the 3P trainers

- two-day training sessions in small groups
- certification process (successful delivery of 2 three-day workshops)
- more than 40 certified 3P trainers: professionals from county institutes of public health and school counsellors



Evaluation

- knowledge
- readiness to provide support
- psychological first aid skills
- attitudes and beliefs about MH

increase

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Prijenos prevencijske znanosti u praksu: *Follow-up* evaluacija ishoda *EUPC* obuka

Autori/autorice
Amir Hasanović
Siniša Baljo
Andrea Mijatović

Uvod

Evropski prevencijski kurikulum (*EUPC*) predstavlja standardizirani pristup jačanju kapaciteta ključnih aktera za naučno utemeljenu prevenciju. Tokom četiri godine implementacije u Bosni i Hercegovini tri trenera/trenerice održali su 14 obuka za 270 donositelja/donositeljica odluka, kreatora/kreatorica javnog mišljenja i politika.

Svrha

- Procijeniti dugoročne promjene u znanju, stavovima i vještinama učesnika/učesnica *EUPC* obuka
- Analizirati primjenu naučenog u profesionalnom kontekstu
- Identificirati faktore koji podržavaju ili ograničavaju primjenu
- Prikupiti informacije o potrebama učesnika za podrškom i o njihovoj zainteresiranosti za dalji razvoj u ovoj oblasti

Metodologija

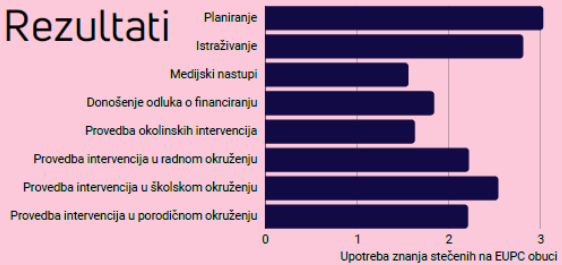
Primijenjeno je multimetodsko istraživanje koje je uključivalo kvantitativne i kvalitativne komponente te standardizirane skale (Likert) za samoprocjenu čime je osigurana triangulacija. Analiza je obuhvatila samoprocjenu kompetencija, primjenu znanja u različitim profesionalnim kontekstima te identifikaciju facilitatora i barijera za implementaciju.

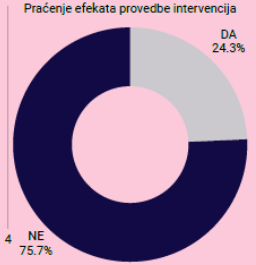
Izazovi

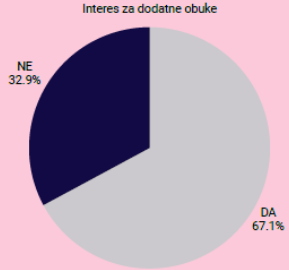
- Nedostatak kontrolne grupe
- Pristrasnost zbog samoprocjene

Za daljnja istraživanja bi bilo korisno razviti longitudinalne studije sa kontrolnim grupama i provesti dodatna unakrsna istraživanja sa partnerima i korisnicima.

Rezultati







Zaključak

EUPC obuka unapređuje znanja i motivaciju sudionika te doprinosi promjenama u profesionalnoj praksi, što je čini važnim elementom održivog razvoja sistema prevencije u Bosni i Hercegovini. Potrebno je unaprijediti segmente obuke vezane za zagovaranje i financiranje.
U skladu sa preporukama učesnika/ispitanika, potrebno je planirati i omogućiti napredne obuke, kontinuiranu stručnu savjetodavnu podršku i stvarati implementirajuća partnerstva.

From Prevention Science to Practice: A Follow-up Evaluation of EUPC Training Outcomes

Authors
Amir Hasanović
Siniša Baljo
Andrea Mijatović

Background

The European Prevention Curriculum (*EUPC*) provides a standardised framework for strengthening the capacities of key stakeholders in evidence-based prevention. Over four years of implementation in Bosnia and Herzegovina, three certified trainers delivered 14 training courses to 270 decision-makers, opinion leaders, and policy-makers.

Objectives

- To evaluate long-term changes in participants' knowledge, attitudes, and competencies following EUPC training.
- To analyse the application of acquired knowledge within professional settings.
- To identify facilitators and barriers to implementation.
- To assess participants' support needs and their interest in further capacity-building and professional development in the field of evidence-based prevention.

Methodology

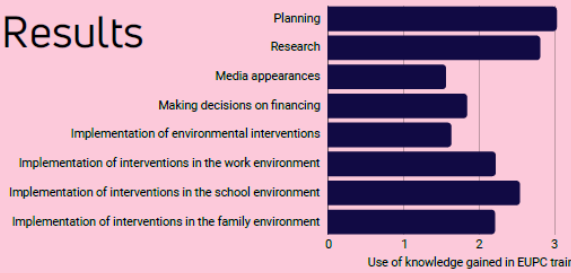
A mixed-methods approach was employed, incorporating quantitative and qualitative components, as well as standardised self-assessment scales (Likert-type), ensuring methodological triangulation. The analysis examined self-assessed competencies, the application of knowledge across different professional contexts, and the identification of facilitators and barriers to implementation.

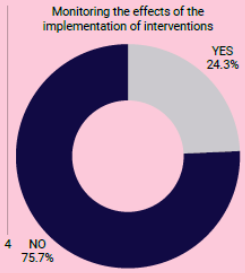
Limitations

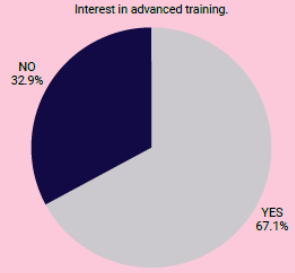
- Absence of a control group
- Potential self-report bias associated with self-assessment measures

Future research would benefit from longitudinal study designs incorporating control groups, as well as additional cross-sectional investigations involving partners and service users.

Results







Conclusion

EUPC training enhances participants' knowledge and motivation and contributes to changes in professional practice, making it an important component of the sustainable development of the prevention system in Bosnia and Herzegovina.
Training components related to advocacy and funding should be further strengthened.
In line with participants' recommendations, future efforts should include additional training opportunities, ongoing professional support and mentoring, and the development of implementation partnerships to facilitate the application of evidence-based prevention practices.

IZGRADNJA SUSTAVA INSTITUCIONALIZIRANE PREVENCIJSKE PRAKSE U ZAJEDNICI CENTAR ZA DJECU, MLADE I OBITELJ VELIKA GORICA

Dr.sc. Arijana Mataga Tintor
Grad Velika Gorica

Sanda Puljiz Vidović
Centar za djecu, mlade i obitelj Velika Gorica

VREMEPLOV – Od ideje do institucionalizirane prakse

1995. — Temelji i rani sustav
- **Novi status:** Velika Gorica postaje samostalan grad (jedinica lokalne samouprave).
- **Koncept skrbi:** Briga o djeci provodi se kroz postojeće sustave obrazovanja socijalne skrbi i zdravstva.
- **Civilno društvo:** Započinje snažniji razvoj udruga građana.

2000. — Radanje ideje
- **Institucionalizacija:** Javlja se ideja o stvaranju posebne ustanove za djecu, mlade
- **Inicijativa:** Grad Velika Gorica planira se pozicionirati kao osnivač nove institucije.

2002. — Osnivanje Centra
- **Službeni početak:** Osniva se Centar za djecu, mlade i obitelj Velika Gorica.
- **Dostupnost:** Sve usluge Centra postaju potpuno besplatne za građane.

2002. – 2005. — Postavljanje temelja
- **Struktura:** Postavlja se organizacija rada i kreiraju se temeljni programi za djecu, mlade i roditelje.
- **Tim:** U Centru rade 3 zaposlene stručne osobe.
- **Kvaliteta:** Započinje proces evaluacije rada Centra i učinkovitosti pojedinih programa.

2005. – 2010. — Rast i standardizacija
- **Širenje:** Povećava se broj korisnika i proširuju se programi.
- **Suradnja i tim:** Tim raste na 5 zaposlenih uz veću mrežu volontera, vanjskih suradnika i suradnju s fakultetima.
- **Publikacija:** Izdaje se priručnik *„Raditi s djecom, mladima i obitelji"* koji definira model rada Centra.

2010. – 2020. — Edukacija i strategija
- **Novi smjer:** Donosi se nova strategija rada i uvode novi programi prema potrebama zajednice.
- **Kapaciteti:** Tim se širi na 7 zaposlenih osoba.
- **Edukacija:** Pokreću se treninzi za stručnjake koji rade s djecom i mladima te se širi izdavačka djelatnost.

2020. – 2026. — Ekspanzija i krizno djelovanje
- **Novi prostor:** Centar preseljava u novi, veći radni prostor.
- **Tim:** Broj zaposlenih raste na 9 osoba.
- **Odgovor na krize:** Aktivno i brzo reaginanje na krizne situacije u zajednici, s posebnim naglaskom na zaštitu mentalnog zdravlja.
- **Nove usluge:** Uvodi se program rane intervencije za djecu s teškoćama u razvoju.



Grad Velika Gorica: Odgovor na potrebe u zajednici

- **Pionirski iskorak (2002.):** Velika Gorica je među prvim gradovima u Hrvatskoj prepoznala da klasični sustavi (škole, zdravstvo, socijalna skrb) trebaju nadogradnju u zajednici. Osnivanjem namjenske gradske ustanove, Grad je preuzeo izravnu odgovornost za podršku djeci, mladima i obiteljima.
- **Potpuno besplatna podrška:** Odlukom Grada, sve usluge Centra su od prvog dana besplatne za građane. Time je uklonjena financijska barijera i omogućena jednaka dostupnost stručne pomoći svima.
- **Kontinuirano investiranje:** Kroz 30 godina, Grad redovito povećava proračunska sredstva, što dokazuje stabilan rast broja zaposlenih stručnjaka (s 3 na 9) i osiguravanje novih, većih kapitalnih prostora za rad s korisnicima.
- **Brzi odgovor na krize u zajednici:** Gradski sustav skrbi razvio je visoku fleksibilnost — u kriznim vremenima (poput pandemije, potresa ili suvremenih izazova zaštite mentalnog zdravlja) Grad reagira trenutno.
- **Centar znanja u zajednici:** Razvijen je model edukacije stručnjaka koji rade s djecom i mladima.

Svi programi su autentični i nastali u Centru. Klijenti dolaze dobrovoljno i prema uputi stručnjaka u zajednici.

MODEL UNAPRJEĐENJA: Od teorije do mjerljivih rezultata

1. Evaluacija rada Centra kao institucije (Sustavna razina)
Provodi se radi procjene općeg utjecaja Centra u zajednici i planiranja budućih koraka kroz:
- **Metode prikupljanja podataka:**
  - Anketno ispitivanje opće populacije građana.
  - Fokus grupe s ključnim dionicima: stručnjaci, korisnici te njihovi roditelji.
- **Primjena rezultata:**
  - Izrada i redovita evaluacija novog strateškog plana.
  - Osmišljavanje i pokretanje potpuno novih programa na temelju izravnih potreba s terena.

2. Evaluacija učinkovitosti i unapređenje ključnih programa
Cilj je osiguratiti visoku stručnu razinu i mjerljivost rezultata kroz tri faze poboljšanja:
- **Metodološko jačanje:** Učinkovitost programa podiže se jačanjem teorijske podloge.
- **Usklađivanje elemenata:** Precizno povezivanje cilјeva, metoda rada i očekivanih rezultata.
- **Kontrolni mehanizmi:** Uvođenje sustava kontinuirane evaluacije kroz standardizirane instrumente i procedure praćenja.

Primjeri transformacije i rezultata tri prepoznata programa:
1. **Grupa za buduće prvašiće** (Priprema djece i roditelja za polazak u školu)
   - *Dodana vrijednost:* Izdavanje publikacije *„Ulazak u svijet škole – Vodič za roditelje"*.
2. **„Znam drugačije"** (Razvoj socijalnih vještina kod mladih osnovnoškolaca).
3. **„Roditeljstvo na drugačiji način"** (Podrška i osnaživanje roditeljskih kompetencija).

Ključni rezultati evaluacije: Na temelju povratnih informacija napravljene su izmjene u sadržaju, programi su prošireni, a roditelji su aktivno uključeni u procese u kojima do tada nisu sudjelovali.

3. Edukacija i prijenos znanja na odrasle koji rade s djecom
Primjer 1: Program edukacije za pomoćnike u nastavi
Edukacija je nastala kao odgovor na zakonsku obvezu stručnog osposobljavanja pomoćnika u nastavi čemu je prethodila iskazana potreba samih pomoćnika za stručnom podrškom u radu s djecom s teškoćama. Kvalitativno istraživanje osiguralo je izravnu korisničku perspektivu svih uključenih dionika.
Stvaranje materijala za edukaciju - programa edukacije temeljilo se na participativnom pristupu koji spaja teoriju i praksu:
1. Praktično iskustvo autorica: Proizašlo iz njihovog redovnog rada, koordinacije školskih projekata te provođenja ranijih edukacija i supervizija s pomoćnicima.
2. Korisnička perspektiva sudionika: Dobivena kroz strukturirano kvalitativno istraživanje, odnosno razgovore u fokus grupama:
   - Učenici s teškoćama u razvoju koji imaju podršku pomoćnika
   - Učenici bez teškoća iz razrednih odjela u kojima radi pomoćnik
   - Roditelji (kako djece s teškoćama, tako i djece bez teškoća u razvoju)
   - Praktičari na terenu: Sami pomoćnici u nastavi te učitelji

Ciljevi kvalitativnog istraživanja
Razgovori u fokus grupama bili su usmjereni na dubinsko istraživanje dinamike unutar učionica s ciljevima:
- Saznati kako učenici doživljavaju ulogu pomoćnika u nastavi
- Utvrditi utjecaj pomoćnika na nastavni proces (kako na dijete s teškoćama, tako i na cijeli razred)
- Prikupiti autentična iskustva svih sudionika u procesu inkluzivnog školovanja

Kako su rezultati oblikovali sadržaj priručnika i edukacije
- Identificiranje nedostataka: Pomoćnici su u fokus grupama i evaluacijama jasno iskazali da im tijekom formalnog obrazovanja nedostaje stručna podrška u području komunikacije, nošenja sa stresom i specifičnih znanja o teškoćama
- Integracija stvarnih primjera: Tekst priručnika i popratni programi edukacije prožeti su konkretnim životnim primjerima i situacijama

Primjer 2: Program edukacije za sportske trenere
Svrha programa: Senzibilizacija i edukacija trenera u sportskim klubovima koji rade s djecom i mladima, s ciljem stvaranja poticajnog i nenasilnog sportskog okruženja.
Inicijativa: Potreba prepoznata na temelju povratnih informacija djece koja su istaknula važnost bolje, jasnije i manje frustrirajuće komunikacije s odraslima u sportskim aktivnostima.
- Ključne teme edukacije:
- Dječja prava i etička načela
- Razvojne osobine djece i mladih
- Rizični i zaštitni čimbenici i otpornost djece i mladih
- Teškoće na putu odrastanja
- Komunikacija i komunikacijske vještine
- Odnosi i suradnja s roditeljima

Evaluacija učinka edukacija za stručnjake
Mjerenje ishoda i utjecaja treninga sportskih trenera koji rade s djecom i mladima:
- *Inicijativa:* Program je pokrenut na izravan poticaj same djece.
- *Fokus:* Preposnata je i adresirana potreba za boljom i kvalitetnijom komunikacijom.
- *Evaluacija učinka* ovog specifičnog treninga strukturirana je i prati se kroz tri **ključne točke** – na početku treninga, na završetku treninga i tri mjeseca nakon završetka treninga.

KVALITETA I MJERLJIVOST RADA: Sustav evaluacije i razvoj programa

Centar svoj rad temelji na znanstvenom i stručnom praćenju učinka. Sustav evaluacije podijeljen je na tri razine:
1. **Evaluacija na razini institucije (Strateško planiranje)**
   Provodi se radi procjene općeg utjecaja Centra u zajednici i definiranja dugoročnog smjera.
2. **Evaluacija i unaprjeđenje pojedinih programa (Standardizacija)**
   Svaki program prolazi kroz strogu metodološku doradu kako bi se osigurala njegova maksimalna učinkovitost:
3. **Evaluacija edukacija za odrasle i stručnjake (Prijenos znanja)**
   Mjerenje učinka treninga koje Centar provodi za vanjske dionike koji rade s djecom.

ZAKLJUČAK: Velika Gorica kao model održive skrbi za djecu, mlade i obitelji u zajednici

Tridesetogodišnji razvoj sustava podrške u Velikoj Gorici dokazuje da uspješna briga o djeci, mladima i obiteljima proizlazi iz sustavne sinergije donositelja odluka, lokalne samouprave i struke.
Održivost ovog modela utemeljena je na:
1. **Ispitivanju potreba u zajednici i evaluaciji programa.**
2. **Strateškom unaprjeđenju** kojim se postiže maksimalno usklađivanje teorijske podloge, prakse i očekivanih rezultata.
3. **Prijenosu znanja** kroz edukaciju odraslih koji rade s djecom i mladima čime se transformira cjelokupno okruženje u kojem djeca i mladi odrastaju.

BUILDING A SYSTEM OF INSTITUTIONALIZED COMMUNITY-BASED PREVENTIVE PRACTICE CENTER FOR CHILDREN, YOUTH AND FAMILY VELIKA GORICA

Dr. Sc. Arijana Mataga Tintor
City of Velika Gorica

Sanda Puljiz Vidović
Center for Children, Youth and Family Velika Gorica

TIMELINE – From Concept to Institutionalized Practice

1995 — Foundations and the Early Support System
- **New status:** Velika Gorica becomes an independent city (a local self-government unit).
- **Support model:** Services for children are provided through the existing systems of education, social welfare, and healthcare.
- **Civil society:** Civil society organizations begin to play a stronger role.

2000 — The Birth of the Idea
- **Institutionalization:** The idea emerges of creating a dedicated institution for children, youth, and families.
- **Initiative:** The City of Velika Gorica plans to position itself as the founder of the new institution.

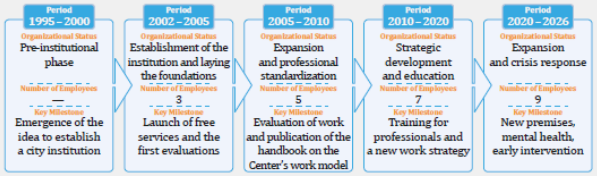
2002 — Establishment of the Center
- **Official beginning:** The Center for Children, Youth and Family Velika Gorica is established.
- **Accessibility:** All Center services become completely free of charge for citizens.

2002 – 2005 — Laying the Foundations
- **Structure:** The organizational framework is established and the foundational programs for children, youth, and parents are created.
- **Team:** The Center employs 3 professional staff members.
- **Quality:** The process of evaluating the Center's work and the effectiveness of individual programs begins.

2005 – 2010 — Growth and Standardization
- **Expansion:** The number of users increases and programs are expanded.
- **Cooperation and team:** The team grows to 5 employees, with a broader network of volunteers, external associates, and cooperation with universities.
- **Publication:** The handbook Working with Children, Youth and Families is published, defining the Center's work model.

2010 – 2020 — Education and Strategy
- **New direction:** A new work strategy is adopted and new programs are introduced in line with community needs.
- **Capacity:** The team expands to 7 employees.
- **Education:** Training programs are launched for professionals working with children and youth, and publishing activities are expanded.

2020 – 2026 — Expansion and Crisis Response
- **New premises:** The Center moves into a new, larger workspace.
- **Team:** The number of employees grows to 9.
- **Response to crises:** Active and rapid response to crisis situations in the community, with special emphasis on protecting mental health.
- **New services:** An early intervention program is introduced for children with developmental difficulties.



City of Velika Gorica: Responding to Community Needs

- **Pioneering milestone (2002):** Velika Gorica was among the first cities in Croatia to recognize that traditional systems (schools, healthcare, social welfare) needed to be strengthened through community-based support. By establishing a dedicated city institution, the City assumed direct responsibility for supporting children, youth, and families.
- **Completely free support:** By decision of the City, all Center services have been free of charge for citizens from day one. This removed the financial barrier and ensured equal access to professional assistance for everyone.
- **Continuous investment:** Over 30 years, the City has regularly increased budget allocations, demonstrating stable growth in the number of professional staff (from 3 to 9) and securing new, larger capital facilities for work with users.
- **Rapid response to crises in the community:** The city care system has developed high flexibility—in times of crisis (such as the pandemic, earthquakes, or contemporary mental health protection challenges), the City responds immediately.
- **Knowledge center in the community:** A model for educating professionals who work with children and youth has been developed.

All programs are authentic and were created within the Center. Clients come voluntarily and on the recommendation of professionals in the community.

IMPROVEMENT MODEL: From theory to measurable results

1. Evaluation of the Center's work as an institution (Systemic level)
This is carried out to assess the Center's overall impact in the community and to plan future steps through:
- **Data collection methods:**
  - Survey research of the general population of citizens.
  - Focus groups with key stakeholders: professionals, users, and their parents.
- **Application of results:**
  - Preparation and regular evaluation of a new strategic plan.
  - Design and launch of entirely new programs based on direct needs identified in the field.

2. Evaluation of effectiveness and improvement of key programs
The goal is to ensure a high professional standard and measurable results through three phases of improvement:
- **Methodological strengthening:** Program effectiveness is enhanced by strengthening the theoretical foundation.
- **Alignment of elements:** Precise connection of goals, work methods, and expected results.
- **Control mechanisms:** Introduction of a system of continuous evaluation through standardized monitoring instruments and procedures.

Examples of transformation and results of three recognized programs:
1. **Future First-Graders Group** (Preparing children and parents for starting school)
   - *Added value: Publication of Entering the World of School – A Guide for Parents.*
2. **"I Know Differently"** (Development of social skills in younger primary school students).
3. **"Parenting in a Different Way"** (Support and strengthening of parenting competencies).

Key evaluation results: Based on feedback, changes were made to the content, programs were expanded, and parents were actively involved in processes in which they had not previously participated.

3. Education and knowledge transfer to adults who work with children

Example 1: Training program for teaching assistants
The training was created in response to the legal obligation of professional training for teaching assistants, preceded by the assistants' own expressed need for professional support in working with children with disabilities. Qualitative research ensured a direct user perspective from all involved stakeholders.
The creation of training materials—the training program—was based on a participatory approach that combines theory and practice:
1. Authors' practical experience: Arising from their regular work, coordination of school projects, and delivery of earlier training and supervision for assistants.
2. Participant user perspective: Obtained through structured qualitative research, namely focus group discussions:
   - Students with developmental difficulties who are supported by assistants
   - Students without difficulties from classes in which an assistant works
   - Parents (both of children with difficulties and of children without developmental difficulties)
   - Practitioners in the field: teaching assistants themselves and teachers

Objectives of the qualitative research
The focus group discussions were aimed at an in-depth exploration of classroom dynamics, with the following objectives:
- To learn how students perceive the role of the teaching assistant
- To determine the assistant's impact on the teaching process (both on the child with difficulties and on the whole class)
- To collect authentic experiences of all participants in the inclusive schooling process

How the results shaped the content of the handbook and training
- Identifying gaps: In focus groups and evaluations, assistants clearly stated that during formal education they lacked professional support in communication, coping with stress, and specific knowledge about difficulties
- Integration of real-life examples: The handbook text and accompanying training programs are infused with concrete real-life examples and situations

Example 2: Training program for sports coaches
Purpose of the program: Sensitization and training of coaches in sports clubs who work with children and youth, with the aim of creating a supportive and non-violent sports environment.
Initiative: The need was recognized based on feedback from children, who highlighted the importance of better, clearer, and less frustrating communication with adults in sports activities.
- Key training topics:
- Children's rights and ethical principles
- Developmental characteristics of children and youth
- Risk and protective factors and the resilience of children and youth
- Difficulties on the path to growing up
- Communication and communication skills
- Relationships and cooperation with parents

Evaluation of the impact of training for professionals
Measurement of the outcomes and impact of training for sports coaches who work with children and youth:
- *Initiative:* The program was launched at the direct encouragement of the children themselves.
- *Focus:* The need for better and higher-quality communication was recognized and addressed.
- *Impact evaluation* of this specific training is structured and monitored through **three key points**—at the beginning of the training, at the end of the training, and three months after the training has ended.

QUALITY AND MEASURABILITY OF WORK: Evaluation system and program development

The Center bases its work on scientific and professional monitoring of impact. The evaluation system is divided into three levels:
1. **Evaluation at the institutional level (Strategic planning)**
   This is carried out to assess the Center's overall impact in the community and define its long-term direction
2. **Evaluation and improvement of individual programs (Standardization)**
   Each program undergoes rigorous methodological refinement to ensure its maximum effectiveness:
3. **Evaluation of training for adults and professionals (Knowledge transfer)**
   Measurement of the impact of training that the Center provides for external stakeholders who work with children.

NCLUSION: Velika Gorica as a model of sustainable community care for children, youth, and families

Thirty years of development of the support system in Velika Gorica demonstrates that successful care for children, youth, and families arises from the systematic synergy of decision-makers, local self-government, and the profession.
The sustainability of this model is based on:
1. **Assessment of community needs and program evaluation.**
2. **Strategic improvement that achieves maximum alignment of the theoretical foundation, practice, and expected results.**
3. **Knowledge transfer hrough the education of adults who work with children and youth, thereby transforming the entire environment in which children and youth grow up.**

Neka preventivna načela u praksi udruge Pragma u programu "Pomak"

Pragma
Kontakt: www.udruga-pragma.hr
pragma@udruga-pragma.hr

Nedjeljko Marković, Angelina Krsnik, Mirjana Soljačić
Pragma, Zagreb, Hrvatska

O PROGRAMU

Provodi se od 2008., a financira ga Ministarstvo zdravstva

- Prevencija ovisnosti kod djece i mladih kroz razvoj životnih vještina, samopouzdanja i jačanje zaštitnih čimbenika
- Suradnja s odgojno-obrazovnim ustanovama diljem Hrvatske od početka programa te povremeno i sa ostalim javnim ustanovama
- Direktan rad s učenicima, roditeljima i nastavnicima: radionice, predavanja, debate
- Naglasak na savjetodavnom radu s mladima
- Edukativni materijali za nastavnike: Kviz znanja o sredstvima ovisnosti + 14 školskih kalendara za razvoj socio-emocionalnih i komunikacijskih vještina
- Značajan rad s medijima u području promocije zdravlja, edukacija za novinare i javnih kampanja
- Stalna usavršavanja provoditelja programa
- Provedba vrednovanja kao sastavni dio rada i ugrađivanje u nove programske aktivnosti - "učenje kroz rad"

SAVJETOVALIŠNI RAD

Mladi koji ulaze u savjetovanje uglavnom pokazuju visoku suradljivost i otvorenost.

Iza rizičnih ponašanja najčešće stoje:

- Osjećaj nepripadanja, strah od odbacivanja i loša slika o sebi
- Pritisak stalnog uspoređivanja na društvenim mrežama
- Emocionalna praznina kao pokretač konzumacije - hrana, cigarete, ekrani kao privremeni bijeg
- Obiteljski odnosi i vršnjački pritisak

Savjetodavna podrška usmjerena je na jačanje samopouzdanja, emocionalne pismenosti i asertivnosti te razvoj zdravijih mehanizama suočavanja sa stresom.

"Stvorila sam zdrave mehanizme za razumijevanje i uvažavanje emocija. Sad se više poštujem i osjećam sigurnije u sebe."

"Javio sam se na savjetovanje jer želim poraditi na bijesu - mislim da je ostao sa mnom od te ovisnosti."

TEORIJSKI OKVIR

Model "Influence" (Cialdini, 1984)

Oglašivači i influenceri koriste psihološke mehanizme kojima oblikuju stavove i ponašanja mladih - često bez njihove svjesne percepcije

Ključni principi: AUTORITET, SVIĐANJE, DRUŠTVENI DOKAZ, DOSLJEDNOST

Prevencija: Razvoj kritičkog mišljenja i medijske pismenosti kao ključnih zaštitnih čimbenika

Cialdini, R. B. (1984). Influence: The Psychology of Persuasion. Harper Collins.

Media Practice Model (Steele & Brown, 1995)

Mladi aktivno biraju medijske sadržaje koji odgovaraju njihovom identitetu i potrebama - nisu pasivni primatelji

Pet elemenata: rano iskustvo → identitet → selekcija → interakcija → primjena

Mladi s nestabilnim identitetom skloniji su tražiti potvrdu u sadržajima koji glorificiraju rizična ponašanja. Jačanje pozitivnog identiteta smanjuje podložnost štetnim medijskim porukama.

Steele, J. R., & Brown, J. D. (1995). Journal of Youth and Adolescence, 24, 551–576.

KAKO INFLUENCERI DJELUJU NA MLADE?

- Bliskost i identifikacija s influencerom čine mlade posebno podložnima - preporuke doživljavaju kao autentičan životni stil, ne kao oglašavanje
- Prikriveno oglašavanje ("product placement", neoznačene suradnje) zaobilazi kritički filter jer ne izgleda kao oglašavanje
- Algoritmi stvaraju iluziju slobodnog izbora - korisnici ne biraju svjesno što gledaju
- Normalizacija konzumacije alkohola, duhana i kockanja kroz zabavni i "cool" kontekst

"Ne biramo svjesno sadržaj na društvenim mrežama - prepuštamo se algoritmu."
- zaključak učenica, Škola za primalje Zagreb, 2026.

ŠTO JE POTREBNO?

- Normativno reguliranje označavanja svake plaćene ili neplaćene suradnje influencera s brendovima koji promoviraju sredstva ovisnosti
- Zabrana oglašavanja alkohola, duhana i kockanja putem influencerskih kanala kojima pristupaju maloljetnici
- Etički kodeks za influencere s jasnim sankcijama za kršenje
- Medijska i digitalna pismenost kao obavezan dio školskog kurikula
- Sustavna edukacija roditelja i stručnjaka o mehanizmima digitalnog utjecaja

PROVEDBA PROGRAMA - ZAKLJUČCI

- Mladi prepoznaju mehanizme manipulacije kojima su izloženi - ali tek kada im se pruži sigurno okruženje za razmišljanje
- Debatna forma pokazala se iznimno učinkovitom: učenici sami odabiru temu, čime je postignuto vlasništvo nad procesom i visoka osobna angažiranost
- Mindfulness tehnike prepoznate su kao praktični alati za samoregulaciju i smanjenje žudnje u kontekstu biheviоralnih ovisnosti
- Roditelji osjećaju manji sram pri traženju pomoći i ozbiljnije shvaćaju vlastitu ulogu u prevenciji od najranije dobi
- Vidljive su pozitivne promjene u emocionalnom funkcioniranju, vršnjačkim odnosima i sposobnosti donošenja zdravijih životnih odluka

GLASOVI KORISNIKA

"Uspjela sam se potpuno opustiti i sada znam kako naći načine za smirivanje. Ova radionica me inspirirala."

"Osjećala sam se kao da sam izašla iz svoje glave i raščistila mozak i srce."

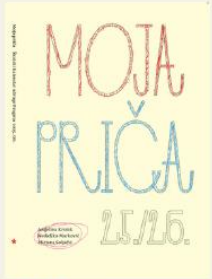
"Naučila sam neke stvari o sebi i zašto ih radim – savjetovanje mi pomaže raditi na sebi i odnosima s drugima."

GLASOVI RODITELJA

"Shvatila sam da mogu i bolje i da trebam raditi na sebi kako bih bila najbolja moguća verzija za svoju djecu. Odlučila sam potražiti pomoć."

"Ovim iznimno važnim temama treba posvetiti više vremena."

Mladi nam sami poručuju da nisu svjesni manipulacije kojoj su izloženi u online svijetu ako nemaju prilike naučiti kako ju prepoznati.
Naša je zajednička odgovornost - kao društva, zakonodavaca, stručnjaka i roditelja - stvoriti okruženje u kojem je zaštita mladih od štetnog oglašavanja sistemski zajamčena.



13.Školski kalendar usmjeren na ovisnosti, socijalne probleme mladih i razvoj otpornosti



Pragmin kviz znanja o ovisnostima (2025.)

Some Preventive Principles in the Practice of Pragma Association in the "Pomak" Programme

Pragma
Contact: www.udruga-pragma.hr
pragma@udruga-pragma.hr

Nedjeljko Marković, Angelina Krsnik, Mirjana Soljačić
Pragma, Zagreb, Croatia

ABOUT THE PROGRAMME

Running since 2008, funded by the Ministry of Health

- Addiction prevention for children and young people through developing life skills, self-confidence and strengthening protective factors
- Collaboration with educational institutions across Croatia from the start of the programme, and periodically with other public institutions
- Direct work with students, parents and teachers: workshops, lectures, debates
- Emphasis on counselling work with young people
- Educational materials for teachers: Knowledge Quiz on Addictive Substances + 14 School Calendars aimed at developing socio-emotional and communication skills
- Significant work with media in health promotion, journalist training and public campaigns
- Continuous training of programme implementers
- Evaluation as an integral part of work, integrated into new programme activities - "learning by doing"

COUNSELLING WORK

Young people entering counselling generally show a high levels of cooperation and openness.
Risky behaviours are most commonly driven by:

- Feelings of not belonging, fear of rejection and poor self-image
- Pressure from constant social media comparison
- Emotional emptiness as a driver of consumption - food, cigarettes, screens as temporary escape
- Family dynamics and peer pressure

Counselling support focuses on strengthening self-confidence, emotional literacy and assertiveness, and developing healthier stress-coping mechanisms.

"I developed healthy mechanisms for understanding and respecting my emotions. I now respect myself more and feel more confident."

"I came to counselling because I want to work on the anger - I think it stayed with me from that addiction."

THEORETICAL FRAMEWORK

Influence Model (Cialdini, 1984)

Advertisers and influencers use psychological mechanisms to shape young people's attitudes and behaviours - often without their conscious awareness.
Key principles: AUTHORITY, LIKING, SOCIAL PROOF, CONSISTENCY
Prevention: Developing critical thinking and media literacy as key protective factors.

Cialdini, R. B. (1984). Influence: The Psychology of Persuasion. Harper Collins.

Media Practice Model (Steele & Brown, 1995)

Young people actively select media content matching their identity and needs - they are not passive recipients.
Five elements: early experience → identity → selection → interaction → application
Young people with an unstable identity are more likely to seek validation in content glorifying risky behaviours. Strengthening positive identity reduces susceptibility to harmful media messages.

Steele, J. R., & Brown, J. D. (1995). Journal of Youth and Adolescence, 24, 551–576.

HOW DO INFLUENCERS AFFECT YOUNG PEOPLE?

- Closeness and identification with an influencer makes young people especially susceptible - recommendations are perceived as an authentic lifestyle, not as advertising
- "Product placement" and unlabelled collaborations bypass the critical filter because they do not look like advertising
- Algorithms create an illusion of free choice - users do not consciously choose what they watch
- Normalisation of alcohol, tobacco and gambling consumption through an entertaining and "cool" context

"We do not consciously choose content on social media – we surrender to the algorithm."
- conclusion from students, Zagreb School of Midwifery, 2026.

WHAT IS NEEDED?

- Normative regulation of the labelling of all paid or unpaid influencer collaborations with brands promoting addictive substances
- Prohibition of alcohol, tobacco and gambling advertising via influencer channels accessible to minors
- An ethical code for influencers with clear sanctions for violations
- Media and digital literacy as a mandatory part of the school curriculum
- Systematic education of parents and professionals on digital influence mechanisms

PROGRAMME IMPLEMENTATION - CONCLUSIONS

- Young people recognise manipulation mechanisms they are exposed to - but only when provided with a safe environment for reflection
- Debate format proved highly effective: students themselves chose the topic, achieving ownership of the process and high personal engagement
- Mindfulness techniques are recognised as practical tools for self-regulation and reducing cravings in the context of behavioural addictions
- Parents feel less shame in seeking help and take their preventive role more seriously from an early age
- Positive changes visible in emotional functioning, peer relationships and the capacity to make healthier life decisions

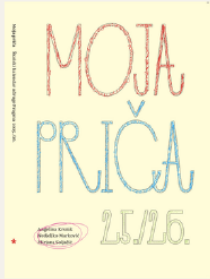
YOUNG PEOPLE VOICES

"I managed to relax completely and now I know how to find ways to calm down. This workshop inspired me."
"I felt as if I had stepped out of my head and cleared my mind and heart."
"I learned things about myself and why I do them – counselling helps me work on myself and my relationships with others."

PARENT VOICES

"I realised I can do better and need to work on myself to be the best possible version for my children. I decided to seek help."
"These extremely important topics deserve more time."

**Young people themselves tell us they are unaware of the manipulation they are exposed to in the online world if they have no opportunity to learn how to recognise it.
It is our collective responsibility - as a society, legislators, professionals and parents - to create an environment in which the protection of young people from harmful advertising is systemically guaranteed.**



13th School Calendar focused on addicitons, social issues and resilience in young people



Pragma's Knowledge Quiz on Addictive Substances

Centri za dobrovoljno savjetovanje i testiranje na HIV, virusne hepatitise i spolno prenosive infekcije: uloga u smanjenju rizičnih ponašanja i promociji spolnog i mentalnog zdravlja

Nemeth Blažić T[1], Smoljo P[1], Merkaš M[1], Dubravić D[2], Kosanović Ličina ML[3], Nola IA[4]

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UVOD

Centri za dobrovoljno savjetovanje i testiranje na HIV, hepatitise i spolno prenosive infekcije (SPI) (CST) važni su za prevenciju SPI, uključujući HIV. Osim ranog otkrivanja, kroz cjelovit i individualizirani pristup savjetuju korisnike o smanjenju rizičnog ponašanja te pružaju psihološku, pravnu i socijalnu podršku, pridonoseći očuvanju i unaprjeđenju općeg i mentalnog zdravlja.

CILJ

Prikazati ulogu i djelovanje mreže CST-a u Republici Hrvatskoj.

METODE

Korišteni su podaci izvještaja o radu te drugi objavljeni i neobjavljeni izvori o organizaciji i djelovanju CST-a.



ZAKLJUČAK

Praksa pokazuje da CST-ovi kroz cjelovit i individualizirani pristup doprinose ranom otkrivanju i uključivanju korisnika u prevenciju, liječenje i skrb. Od osnivanja do današnjih dana u Hrvatskoj je za više desetaka tisuća korinsika pruženo savjetovanje i testiranje, pri čemu je osobama s pozitivnim nalazom pružen apomoć u uključivanje u daljnju skrb, te im je pružena psihološka pomoć u prihvaćanju dijagnoze i nošenju sa stresom. Ovakav model doprinosi očuvanju zdravlja pojedinaca i šire zajednice, jer pomaže u smanjenju širenja infekcija, rizičnih ponašanja i poboljšanju kvalitete života.

REZULTATI

- CST u Hrvatskoj djeluju u zdravstvenim ustanovama i zajednici, a osnivani su od 2003. do 2013. godine
- Rad se temelji na strukturiranom procesu:



načela rada:
- dobrovoljnost
- anonimnost
- povjerljivost

Multidisciplinarni i integrirani pristup

- zdravstveni i drugi stručnjaci (psiholozi, medicinske sestre, sanitarni inženjeri, socijalni radnici)
- upućivanje liječnicima obiteljske ili školske medicine, dermatovenerolozima, infektolozima

CST U ZDRAVSTVENOM SUSTAVU
2003. – 2025.

89 123	47 559
savjetovanih korisnika	testiranih korisnika

CST U ZAJEDNICI
2014. – 2025.

43 415	34 792
savjetovanih korisnika	testiranih korisnika

Testiranje na: HIV, HBV, HCV, sifilis, gonoreja, klamidija, panel 7 SPI

Pomoć i podrška o mentalnom zdravlju olakšava suočavanje s dijagnozom, uključivanje u liječenje, smanjuje stigmatizaciju i poboljšava ishode liječenja i kvalitetu života korisnika.

Voluntary counselling and testing (VCT) centres for HIV, viral hepatitis and sexually transmitted Infections: their role in reducing risk behaviours and promoting sexual and mental health

Nemeth Blažić T[1], Smoljo P[1], Merkaš M[1], Dubravić D[2], Kosanović Ličina ML[3], Nola IA[4]

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[3] Andrija Štampar Teaching Institute of Public Health, Zagreb, Croatia
[4] Andrija Štampar School of Public Health, Zagreb, Croatia

INTRODUCTION

Voluntary counselling and testing (VCT) centres for HIV, viral hepatitis and sexually transmitted infections (STIs) contribute to the prevention of STIs, including HIV. In addition to early detection, through a comprehensive and individualized approach, they provide counselling on reducing risk behaviours as well as psychological, legal and social support, thereby contributing to the preservation and improvement of mental health.

OBJECTIVE

To present the role and activities of the VCT network in the Republic of Croatia.

METHODS

Data from annual activity reports and other sources on the organization and operation of VCT centres were used.



CONCLUSION

The experience of VCT centres has shown that, through a comprehensive and individualized approach, they contribute to early detection and timely linkage of users to treatment and care. In Croatia, tens of thousands of counselling sessions and tests have been conducted, with individuals receiving positive test results being promptly referred to further care and provided with psychological support in coping with the diagnosis and stress. This model contributes to reducing the spread of infections and risk behaviours, while improving quality of life.

RESULTS

- VCT centres in Croatia operate within healthcare institutions and community-based settings and were established between 2003 and 2013
- Their activities are based on a structured process:



principles of the work:
- voluntariness
- anonymity
- confidentiality

Multidisciplinary and integrated approach

- healthcare and other professionals (psychologists, nurses, sanitation engineers, social workers)
- referral to general practitioners or school health services, dermatovenerology, infectology

VCT IN THE HEALTHCARE SYSTEM

2003 – 2025

89,123 counselling sessions

47,559 tested users

VCT IN THE COMMUNITY

2014 – 2025

43,415 counselling sessions

34,792 tested users

Testing for: HIV, HBV, HCV, syphilis, gonorrhea, chlamydia, STI Panel 7

Mental health support facilitates coping with the diagnosis, promotes engagement in treatment and care, reduces stigma, and contributes to improved treatment outcomes and quality of life among users.

Ishodi prestanka pušenja u javnozdravstvenom natječaju „Pušenje odbaci, lovu nabaci“ – 11-godišnje iskustvo

Jasmina Kovačević, Ivona Kusulja, Dejvid Zombori; Zavod za javno zdravstvo Požeško-slavonske županije, Županijska 9, Požega, Croatia; Adresa za dopisivanje: dr.jasminakovacevic@gmail.com



Natječaj „Kreativni i neovisni“ Sara Grgić, 4.k: Tvoja pluća i tvoj izbor!
Instalacija – srednje škole: 1. mjesto i posebna pohvala za rad

Uvod: Pušenje i ovisnost o nikotinu važni su rizični čimbenici za kronične nezarazne bolesti. Javnozdravstveni natječaj „Pušenje odbaci, lovu nabaci“ provodi se od 2015. godine u Zavodu za javno zdravstvo Požeško-slavonske županije s ciljem poticanja prestanka pušenja kroz strukturiranu podršku i motivacijski pristup.
Cilj rada bio je procijeniti dugoročne ishode prestanka pušenja šest mjeseci nakon jedine ili posljednje prijave.

Materijali i metode
U razdoblju 2015.–2025. godine zabilježeno je 348 prijava. Nakon mjesec dana apstinenciju je postiglo 276 prijavljenih (79,3%). Više od jedne prijave imalo je 36 osoba (47 dodatnih prijava), a u analizu je za iste uključena posljednja prijava. Telefonski su kontaktirani svi sudionici, njih 229 (113 muškaraca, 116 žena) koji su apstinirali tijekom mjesec dana natječaja, nakon isteka najmanje šest mjeseci. Ishodi su definirani kao: nepušač, povremeno puši, pušač te smanjenje pušenja među onima koji su ponovno počeli pušiti.

Zaključak
Natječaj pokazuje klinički značajnu učinkovitost u realnim uvjetima, uz 28,5% sudionika koji su dugotrajno prestali pušiti. Ponavljani pokušaji naglašavaju kroničnu prirodu ovisnosti o nikotinu i potrebu za kontinuiranom podrškom. Rezultati podupiru implementaciju ovakve ili sličnih javnozdravstvenih intervencija.

Ključne riječi
prestanak pušenja, natječaj, ovisnost, prevencija, zavod za javno zdravstvo;

Rezultati:

ISHODI NAKON 6 MJESECI



Uspješan ishod
36,6%
(N=68)

Ne puši
28,5%
(N=53)
95% CI 22,1-35,6%

Puši rijetko
8,1%
(N=15)

229 sudionika
81%
(N=186) analizirano



91 žena
95 muškaraca

*Nije utvrđena statistički značajna razlika između spolova u prestanku ni ukupnom uspjehu (p>0,05)

Puši manje
16,6%
(N=31)

Pušači
63,4%
(N=118)



Puši
46,8%
(N=87)

Smoking Cessation Outcomes in a Public Health Contest: Eleven Years of experience from “Quit Smoking, Cash in”

Jasmina Kovačević, Ivona Kusulja, Dejvid Zombori; Public Health Institute of Požega-Slavonia County, Županijska 9, Požega, Croatia; Correspondence: dr.jasminakovacevic@gmail.com



Artwork from the “Creative and Independent” Contest
Sara Grgić Grade 4k, Economic School, Požega,
1st Prize Winner and Recipient of a Special Recognition Award.

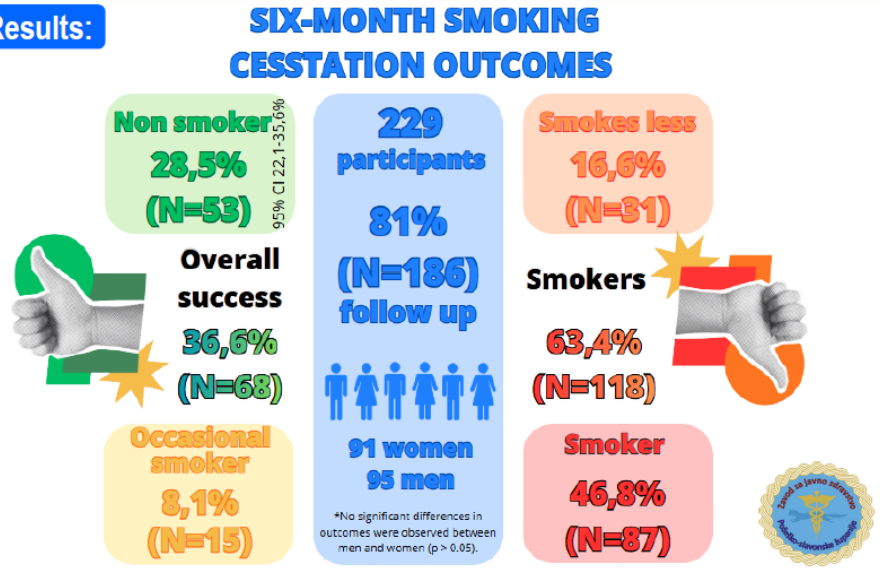
Introduction: Smoking and nicotine dependence are major risk factors for chronic non-communicable diseases. Since 2015, the public health contest “Quit Smoking, Cash In” has been implemented by the Public Health Institute of Požega-Slavonia County to encourage smoking cessation through a structured support and motivational approach.
Objective: To evaluate long-term smoking cessation outcomes six months after participants’ first or most recent enrolment in the contest.

Materials and Methods: Between 2015 and 2025, a total of 348 applications were recorded. After one month, 276 participants (79.3%) achieved abstinence. Thirty-six individuals (47 additional registrations) enrolled more than once; therefore, the analysis included the most recent registration for each participant. All participants were contacted by telephone at least six months after completing the contest. Outcome data were obtained for 229 individuals (113 men and 116 women). Smoking status was classified into four categories: non-smoker, smokes less, occasional smoker, and smoker. A successful outcome was defined as either remaining smoke-free or reducing cigarette consumption among those who had resumed smoking.

Conclusion: The contest demonstrates clinically meaningful effectiveness under real-world conditions, with 28.5% of participants maintaining long-term smoking abstinence. Repeated participation highlights the chronic and relapsing nature of nicotine dependence and the need for ongoing support. These findings support the implementation and further development of this and similar public health smoking cessation interventions.

Keywords: smoking cessation; public health contest; nicotine dependence; prevention; public health institute.

Results:



Utjecaj edukacije temeljene na smanjenju štete na znanja, stavove i ponašanja mladih Implikacije za prevenciju u Hrvatskoj

Rezultati evaluacija programa Safety First i iDECIDE

Centar za pružanje usluga u zajednici Pula-Pola, Lea Pancun, Manuela Krakar Ahmedović, Eliza Ucović



ZAŠTO OVO MORAMO MIJENJATI

- *Tradicionalni programi često zanemaruju mlade koji već eksperimentiraju*
- *Kaznene mjere (suspenzije) → produbljuju nejednakosti, ne smanjuju upotrebu*
- *Rastuća dostupnost sintetskih opioida u Europi – moramo biti spremni*
- *Cilj: prikazati dokazano učinkovite programe koji kombiniraju apstinenciju i smanjenje štete*

REZULTATI

Program	Uzorak / nacrt	Ključni nalaz
Safety First (Stanford REACH Lab)	N = 95.873 učenika, ankete prije/poslije	Povećano razumijevanje da je **apstinencija najsigurnija** (p<0,001)
		Povećana svijest o štetnosti **povremenog korištenja kanabisa** (p<0,003)
iDECIDE (RCT, NCT06115746)	N = 300 učenika, mjerenja: početak, nakon, 1 mj., 1 god.	Bolja znanja o **neurobiologiji ovisnosti**
		Viša percepcija rizika i **spremnost na prestanak**
Edukacija o predoziranju (Laskowski i sur., 2025)	Osoblje škola	Povećana **spremnost na reagiranje**, smanjena **stigma** prema korištenju droga



Značenje za prevenciju

- Edukacijski programi koji ne osuđuju, već informiraju – djeluju
- 📈 Dokazi iz velikih uzoraka (N>95.000) i RCT studija
- 🏫 Preporuka: pilotirati Safety First i iDECIDE u hrvatskim srednjim školama
- 🛠️ Prilagodba sadržaja za hrvatski kontekst (uz izvorne autore)

je



Impact of harm reduction-based education on youth knowledge, attitudes and behaviours regarding psychoactive substance use
Implications for prevention in Croatia

Results from the Safety First and iDECIDE programme evaluations

Centar za pružanje usluga u zajednici Pula-Pola, Lea Pancun, Manuela Krakar Ahmedović, Eliza Ucović

CENTAR ZA PRUŽANJE USLUGA U ZAJEDNICI PULA-POLA



Why this matters

- *Traditional prevention often fails youth who already experiment with substances*
- *Punitive measures (suspensions) deepen inequalities, do not reduce use*
- *Rising availability of synthetic opioids in Europe – we must be prepared*
- *Goal: present evidence-based programmes that combine abstinence and harm reduction*

KEY RESULTS

Program	Uzorak / nacrt	Ključni nalaz
Safety First (Stanford REACH Lab)	N = 95,873 students, pre/post survey	Increased understanding that abstinence is safest (p<0.001)
		Greater awareness of harms of occasional cannabis use (p<0.003)
iDECIDE (RCT, NCT06115746)	N = 300 students; baseline, post, 1-month, 1-year follow-up	Improved knowledge of addiction neurobiology
		Improved knowledge of addiction neurobiology
Overdose education (Laskowski et al., 2025)	School staff	Increased confidence in responding Reduced stigma towards drug use



Meaning for prevention

- Educational programmes that inform, not judge – they work
- 📈Evidence from very large samples (N>95,000) and RCTs
- 🏫Recommendation: pilot Safety First and iDECIDE in Croatian secondary schools
- 🛠️ Adapt content to Croatian context (with original authors)

je



Promišljanja o prevenciji:
perspektive osoba koje konzumiraju stimulanse

Dijana Jerković, Tihana Novak, Anita Jandrić Nišević, Dalibor Doležal
University of Zagreb Faculty of Education and Rehabilitation Sciences, Department of Criminology

PREVREG, Zagreb, June 10-11, 2026

Polazište istraživanja

Kvalitativna istraživanja s osobama koje koriste stimulanse u Hrvatskoj su rijetka. Uključivanje perspektiva teško dostupnih korisnika može pridonijeti razvoju vjerodostojnije, nestigmatizirajuće i kontekstualno osjetljive prevencije.

Cilj: U okviru šireg kvalitativnog istraživanja uporabe stimulansa u Hrvatskoj, ispitati kako osobe koje koriste stimulanse doživljavaju prevenciju te što smatraju važnim za unaprjeđenje sigurnosti.

Metodologija

Sudionici:

- 24 punoljetne osobe koje su u posljednjih 12 mjeseci konzumirale MDMA/ecstasy, (met)amfetamin, kokain ili sintetske katinone.
- 13 muškaraca, 11 žena; prosječna dob 39,6 (21–55).
- Polovica je imala završenu srednju školu; više od polovice bilo je zaposleno.

- Regrutacija: Udruge koje provode programe smanjenja šteta, inicijativa sigurnijeg okruženja i metoda snježne grude.

Metode: polustrukturirani intervjui i jedna fokusna skupina, lipanj 2024.
Analiza: tematska analiza (Brown i Clarke, 2006).

Rezultati

Kako osobe koje konzumiraju stimulanse doživljavaju prevenciju? *(primjeri odabranih kodova)*



Percepcije sudionika o vjerodostojnoj prevenciji za mlade i širu javnost

- ✓ Važnost roditelja, škole i društva u zaštiti i podršci mladih ljudi
- ✓ Društvene mreže koje mladi koriste mogu biti važan kanal za prevenciju
- ✓ Uloga medija u oblikovanju stavova javnosti prema osobama s problemom ovisnosti

Percepcije sudionika o vjerodostojnoj prevenciji za osobe koje konzumiraju droge

- ✓ Točne i objektivne informacije
- ✓ Neučinkovitost pristupa temeljenih na zastrašivanju
- ✓ Uravnotežena rasprava o učincima i rizicima povezanim s konzumiranjem
- ✓ Informacije o sigurnijoj uporabi radi smanjenja rizika povezanih s konzumiranjem droga

Implikacije za praksu

Sudionici su prevenciju smatrali korisnom kada je pravodobna, relevantna i usklađena sa stvarnim kontekstima uporabe stimulansa.

Zaključak

Nalazi upućuju na to da prevencija za osobe koje koriste stimulanse treba uvažavati stvarne kontekste uporabe i uključivati načela smanjenja šteta, uz jasno preventivno usmjerenje.

Izvor financiranja: Hrvatski zavod za javno zdravstvo
Etičko odobrenje: Etičko povjerenstvo Hrvatskog zavoda za javno zdravstvo (KLASA: 641-02/24-12/1; URBROJ: 117-15-24-2; od 5. lipnja 2024).
Kontakt: dijana.jerkovic@erf.unizg.hr

Rethinking prevention:
what stimulant users say they need

Dijana Jerković, Tihana Novak, Anita Jandrić Nišević, Dalibor Doležal
University of Zagreb Faculty of Education and Rehabilitation Sciences, Department of Criminology

PREVREG, Zagreb, June 10-11, 2026

Why this study?

Qualitative research with people who use stimulants in Croatia remains limited. Including the perspectives of hard-to-reach users can inform more credible, non-stigmatizing, and context-sensitive prevention.

Aim: To examine, within a broader qualitative study on stimulant use in Croatia, how people who use stimulants perceive prevention and what they consider important for improving safety.

Study design

Participants: 24 adults who used MDMA/ecstasy, (meth)amphetamine, cocaine, or synthetic cathinones in the past 12 months.

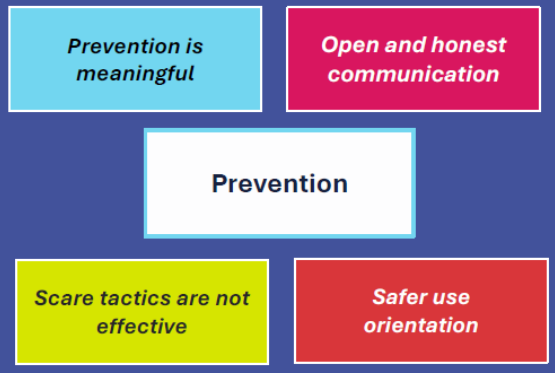
- 13 men, 11 women; mean age 39.6 years (range 21-55).
- Half had completed secondary education; more than half were employed.
- Recruitment: harm reduction services, safe environment initiative, snowball sampling.

Methods: semi-structured interviews and one focus group, June 2024

Analysis: thematic analysis (Brown & Clarke, 2006).

Results

How people who use stimulants perceive prevention?
(examples of selected codes)



Participants' views on credible prevention for young people and the broader public

- ✓ The role of parents, schools and society in protecting and supporting young people
- ✓ Youth-relevant social media platforms as important channels for prevention
- ✓ The role of the media in shaping more supportive public attitudes toward people with addiction

Participants views on credible prevention for people who use drugs

- ✓ Accurate and objective information
- ✓ Ineffectiveness of fear-based approaches
- ✓ Realistic discussion of drug effects and risks
- ✓ Safer use information to reduce drug-related risks

Practice implication

Participants described prevention as most useful when it is realistic, timely and close to real contexts of stimulant use.

Conclusion

Prevention aimed at people who use stimulants should acknowledge real-life contexts of use and incorporate harm reduction principles, while maintaining a clear preventive orientation.

Funding: Croatian Institute of Public Health
Ethics approval: Ethics Committee of the Croatian Institute of Public Health (Class: 641-02/24-12/1; Reg. No.: 117-15-24-2; dated 5 June 2024).
Contact: dijana.jerkovic@erf.unizg.hr

Važnost tercijarne prevencije kod ratnih veterana: međudjelovanje PTSP-a, psihijatrijskih i tjelesnih komorbiditeta

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Uvod

Posttraumatski stresni poremećaj (PTSP) povezan je s izraženim psihijatrijskim i tjelesnim komorbiditetima. Visoka prevalencija multimorbiditeta kod ratnih veterana predstavlja značajan izazov za javnozdravstvene sustave, budući da međudjelovanje psihijatrijskih i tjelesnih poremećaja komplicira kliničke ishode i ograničava učinkovitost standardne rehabilitacije.

Cilj i metode

Cilj istraživanja bio je utvrditi utjecaj psihijatrijskih i tjelesnih komorbiditeta, sociodemografskih čimbenika te ratnih i poslijeratnih iskustava na opću kvalitetu života (QoL) i zdravlje, uključujući pojedinačne domene kvalitete života (tjelesno i mentalno zdravlje, socijalni odnosi, okruženje) kod ratnih veterana oboljelih od PTSP-a.U istraživanje je bilo uključeno 164 veterana s PTSP-om i komorbiditetima te 213 zdravih ispitanika (od kojih je 75 % imalo ratno iskustvo). Primijenjena je sveobuhvatna dijagnostička baterija: strukturirani anamnestički upitnik, M.I.N.I., CAPS, HAMA, HAMD, PANSS i WHOQOL-BREF. Tjelesne bolesti dijagnosticirane su prema MKB-10 klasifikaciji na temelju medicinske dokumentacije koju su potvrdili liječnici specijalisti. Statistička analiza obuhvatila je deskriptivnu statistiku, ANOVA-u, t-testove, Pearsonov koeficijent korelacije te višestruku regresijsku analizu (tzv. *stepwise* metoda).

Tablica 1. Povezanost različitih sociodemografskih obilježja te ratnih i poslijeratnih iskustava s različitim područjima kvalitete života kod ratnih veterana oboljelih od PTSP-a (N = 164)

	WHOQoL-BREF Područja kvalitete života					
	Opća kvaliteta života	Opća percepcija zdravlja	Tjelesno zdravlje	Psihičko zdravlje	Socijalni odnosi	Okruženje
Dob	-0,14	-0,07	-0,07	-0,09	-0,02	-0,12
Obrazovanje	0,12	0,11	0,01	0,02	-0,03	0,12
Bračni status	0,07	-0,04	-0,04	-0,03	0,00	0,00
Stambeni status	0,10	0,05	0,10	0,07	0,09	0,19*
Roditeljski status	-0,10	-0,01	-0,05	-0,09	-0,16*	-0,07
Broj djece	-0,12	-0,06	-0,07	-0,12	-0,21**	-0,04
Osobna primanja	0,20*	0,06	0,15	0,14	0,19	0,19*
Dužina ratnog iskustva	0,25**	0,14	0,09	0,04	0,10	0,18*
Ranjavanje	0,08	-0,03	-0,04	-0,07	0,02	-0,03
HRVI status						
Dužina liječenja	0,00	0,05	-0,05	-0,02	0,02	-0,01
Psihijatrijski poremećaji	-0,02	-0,06	-0,04	0,01	-0,02	-0,15
Broj psihijatrijskih poremećaja	0,05	0,04	0,00	0,02	-0,07	-0,11
Tjelesne bolesti	-0,07	-0,15	-0,21**	-0,07	-0,11	-0,08
Broj tjelesnih bolesti	-0,05	-0,05	-0,23**	-0,12	-0,08	-0,09

Legenda: Bračni status je kodiran (0 – samac; 1 – oženjen); stambeni status (0 – neriješen, 1 – riješen); roditeljski status (0 – ne; 1 – da); ranjavanje u ratu (0 – ne; 1 – da); HRVI status (0 – ne; 1 – da); psihijatrijski poremećaji (0 –PTSP; 1-komorbidne); tjelesne bolesti (0 – ne; 1 – da); WHOQOL-BREF – Skala kvalitete života Svjetske zdravstvene organizacije – skraćena verzija; *p < 0,05; **p < 0,01.

Rezultati

Najveći broj ratnih veterana oboljelih od PTSP-a imao je završenu srednju školu (82 %), dok je 10 % imalo višu ili visoku stručnu spremu. Većina je bila oženjena (79 %) i roditelji (81 %), s prosječno dvoje djece (M = 1,73; SD = 1,10). Većina je imala riješen stambeni status (83 %) te prosječna mjesečna primanja od oko šest tisuća kuna (M = 6027,35; SD = 3140,65). Prosječna dužina ratnog iskustva iznosila je 38,33 mjeseca (SD = 20,58). Većina nije bila zarobljena (97 %) niti ranjena (76 %), a druga traumatska iskustva bila su rijetka (prognaništvo – 2,4 %; pogibija člana obitelji – 2,4 %). Status HRVI-ja imalo je 44 % ispitanika, a prosječno trajanje liječenja iznosilo je sedam godina (M = 6,95; SD = 4,57).

Psihijatrijski komorbiditet bio je prisutan kod 85 %, a tjelesni kod 71 % veterana. Najčešći psihijatrijski komorbiditeti bili su anksiozni poremećaji (32 %), depresija (28 %) i psihotični PTSP (20 %). Od tjelesnih bolesti najčešće su bile zastupljene lokomotorne (27 %), kardiovaskularne (26 %), endokrinološke (17 %) i gastrointestinalne bolesti (12 %).

Simptomi na kliničkim skalama i psihijatrijski komorbiditeti nisu utjecali na zadovoljstvo kvalitetom života, dok je tjelesni komorbiditet utjecao isključivo na zadovoljstvo tjelesnim zdravljem. Regresijska analiza pokazala je da je duže ratno iskustvo predviđalo bolju opću kvalitetu života. Veći broj tjelesnih bolesti predviđao je lošiju procjenu tjelesnog zdravlja, dok su niža osobna primanja i veći broj djece predviđali značajno lošije socijalne odnose. Nijedno sociodemografsko obilježje te ratna ili poslijeratna iskustva nisu se pokazala značajnim prediktorima zadovoljstva općim zdravljem, psihičkim zdravljem ili okruženjem.

Tablica 2. Utvrđivanje prediktora različitih područja kvalitete života kod ratnih veterana oboljelih od PTSP-a (N = 164)

Kriterij	Prediktor	β	p	R^2	F	(df1,df2)	p
Opća kvaliteta života	Dužina ratnog iskustva	0,24*	0,017	,05	5,96*	(1,93)	0,017
Opća percepcija zdravlja	–	–	–	–	–	–	–
Tjelesno zdravlje	Broj tjelesnih bolesti	-0,23*	0,026	,04	5,09*	(1,93)	0,026
Psihičko zdravlje	–	–	–	–	–	–	–
Socijalni odnosi	Broj djece	-0,24*	0,017	,07	4,77*	(2,92)	0,025
	Osobna primanja	0,23*	0,025				
Okruženje	–	–	–	–	–	–	–

Legenda: *p < 0,05

Zaključci Ovi nalazi naglašavaju da PTSP nije izolirani psihijatrijski poremećaj, već sustavni poremećaj koji zahtijeva integriranu tercijarnu prevenciju. Identifikacija specifičnih prediktora, poput socioekonomskih čimbenika i trajanja ratnog angažmana, omogućuje razvoj ciljanih dugoročnih intervencija. Učinkovita tercijarna prevencija mora se pomaknuti s isključivo simptomatskog liječenja prema sveobuhvatnoj biopsihosocijalnoj podršci usmjerenoj na ublažavanje daljnjeg funkcionalnog propadanja i jačanje socijalne reintegracije.

The importance of tertiary prevention in war veterans: The interplay of PTSD, psychiatric, and physical comorbidities

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Background

Posttraumatic stress disorder (PTSD) is associated with extensive psychiatric and physical comorbidities. The high prevalence of multimorbidity in war veterans presents a significant challenge for public health systems, as the interaction between psychiatric and physical disorders complicates clinical outcomes and limits the efficacy of standard rehabilitation.

Objective and Methods

The aim of the study was to determine the impact of psychiatric and physical comorbidities, socio-demographic factors, and war-related vs. post-war experiences on general quality of life (QoL) and health, including specific QoL domains (physical and mental health, social relationships, environment) in veterans with PTSD. The study included 164 veterans with PTSD and comorbid disorders and 213 healthy subjects (75% with war experience). A comprehensive diagnostic battery was applied: structured anamnestic questionnaire, M.I.N.I., CAPS, HAMA, HAMD, PANSS, and WHOQOL-BREF. Physical illnesses were diagnosed according to the ICD-10 classification based on medical documentation verified by medical specialists. Statistical analysis included descriptive statistics, ANOVA, t-tests, Pearson's correlation, and multiple regression analysis (i.e., *stepwise* method).

Table 1. Associations between sociodemographic characteristics and war- and post-war experiences with different domains of quality of life in war veterans with PTSD (N = 164)

	WHOQoL-BREF Domains of quality of life					
	Overall quality of life	Overall health	Physical health	Psychological health	Social relations	Environment
Age	-0,14	-0,07	-0,07	-0,09	-0,02	-0,12
Education	0,12	0,11	0,01	0,02	-0,03	0,12
Marital status	0,07	-0,04	-0,04	-0,03	0,00	0,00
Housing status	0,10	0,05	0,10	0,07	0,09	0,19*
Parental status	-0,10	-0,01	-0,05	-0,09	-0,16*	-0,07
Number of children	-0,12	-0,06	-0,07	-0,12	-0,21**	-0,04
Personal income	0,20*	0,06	0,15	0,14	0,19	0,19*
Length of combat experience	0,25**	0,14	0,09	0,04	0,10	0,18*
Wounding	0,08	-0,03	-0,04	-0,07	0,02	-0,03
DCHWW status						
Duration of treatment	0,00	0,05	-0,05	-0,02	0,02	-0,01
Psychiatric disorders	-0,02	-0,06	-0,04	0,01	-0,02	-0,15
Number of psychiatric disorders	0,05	0,04	0,00	0,02	-0,07	-0,11
Physical illnesses	-0,07	-0,15	-0,21**	-0,07	-0,11	-0,08
Number of physical illnesses	-0,05	-0,05	-0,23**	-0,12	-0,08	-0,09

Legend: Marital status was coded (0 – single; 1 – married); housing status (0 – unresolved; 1 – resolved); parental status (0 – no; 1 – yes); war injury (0 – no; 1 – yes); DCHWW status (0 – no; 1 – yes); psychiatric disorders (0 – PTSD; 1 – comorbid); physical illnesses (0 – no; 1 – yes); WHOQOL-BREF – World Health Organization Quality of Life Scale – brief version; *p < 0.05; **p < 0.01.

Results

Most war veterans with PTSD had completed secondary education (82%), while 10% had higher education. The majority were married (79%) and parents (81%), with an average of two children (M = 1.73; SD = 1.10). Most had secured housing (83%) and reported an average monthly income of approximately 6000 HRK (M = 6027.35; SD = 3140.65). Their average duration of war experience was 38.33 months (SD = 20.58). Most had not been imprisoned during the war (97%) or wounded (76%), and only rarely experienced other traumatic events (displacement – 2.4%; death of a family member – 2.4%). Disabled Croatian Homeland War Veteran (DCHWV) status was reported by 44%, and they had undergone treatment for an average of seven years (M = 6.95; SD = 4.57).

Psychiatric comorbidity was present in 85% and physical comorbidity in 71% of veterans. The most common psychiatric comorbidities were anxiety disorders (32%), depression (28%), and psychotic PTSD (20%). The most frequent physical illnesses were musculoskeletal (27%), cardiovascular (26%), endocrine (17%), and gastrointestinal diseases (12%).

Symptoms on clinical scales and psychiatric comorbidities did not affect QoL satisfaction, while physical comorbidity influenced only satisfaction with physical health. Regression analysis showed that a longer duration of war experience predicted better overall QoL. A higher number of physical illnesses predicted poorer physical health, while lower personal income and a higher number of children predicted significantly poorer social relations. No sociodemographic, war-related, or post-war characteristics predicted satisfaction with overall health, psychological health, or environment.

Table 2. Identification of predictors of different domains of quality of life in war veterans with PTSD (N = 164)

Criteria	Predictor	β	p	R^2	F	(df1,df2)	p
Overall quality of life	Length of combat experience	0,24*	0,017	,05	5,96*	(1,93)	0,017
Overall health	–	–	–	–	–	–	–
Physical health	Number of physical illnesses	-0,23*	0,026	,04	5,09*	(1,93)	0,026
Psychological health	–	–	–	–	–	–	–
Social relations	Number of children	-0,24*	0,017	,07	4,77*	(2,92)	0,025
	Personal income	0,23*	0,025				
Environment	-	–	–	–	–	–	–

Legend: *p < 0,05.

Conclusions These findings underscore that PTSD is not an isolated psychiatric condition but a systemic disorder requiring integrated tertiary prevention. Identifying specific predictors, such as socioeconomic factors, duration of combat exposure, etc., enables the development of targeted long-term interventions. Effective tertiary prevention must transition from purely symptomatic treatment toward comprehensive biopsychosocial support aimed at mitigating further functional decline and enhancing social reintegration.

ПРВА РЕГИОНАЛНА КОНФЕРЕНЦИЈА · PREVREG — ГРАДЕЊЕ НА ТЕМЕЛИТЕ НА ПРЕВЕНТИВНАТА НАУКА ВО РЕГИОНОТ · ЗАГРЕБ, 10–11 ЈУНИ 2026

International Balkan University
СКОПЈЕ · СЕВЕРНА МАКЕДОНИЈА

Заштитни психолошки фактори како *активни архитекти* на субјективната добросостојба во финансиски средини со висок стрес

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1 ВОВЕД

Високостресните работни средини — особено во **финансискиот сектор** — постојано се препознаваат како ризични контексти со негативни импликации за менталното здравје и намалена субјективна добросостојба.

Континуираната изложеност на когнитивни барања, одговорност, цели и временски притисок придонесува за хронично психолошко оптоварување. Сепак, одредени поединци се чини дека **напредуваат** и под овие услови.

2 ИСТРАЖУВАЧКИ ЦЕЛИ

- Истражување на поврзаноста меѓу **психолошките фактори** (постојана свесност, оптимизам, самоефикасност) и субјективната добросостојба кај вработените во македонскиот финансиски сектор.
- Утврдување на степенот во кој овие фактори ја **предвидуваат** субјективната добросостојба.
- Идентификување на факторот со **најголем придонес** во тоа предвидување.

3 МЕТОД

ДИЗАЈН

Квантитативно истражување засновано на примарни податоци од структурирани прашалници — **MAAS, GSE, LOT-R, SWLS**.

ПРИМЕРОК

170 вработени во македонскиот финансиски сектор: банкарство, небанкарски институции, осигурување, инвестициони фондови, берза и брокерски друштва.

СТАТИСТИЧКА АНАЛИЗА

Хиерархиска регресивна анализа за докажување на предиктивната моќ на моделот.

1. **Контрола на демографијата**
   пол и возраст внесени прво.
2. **Психолошки предиктори**
   постојана свесност, оптимизам и самоефикасност.

4 РЕЗУЛТАТИ

42,6%
од варијансата на субјективната добросостојба објаснета со психолошки фактори

$N = 170$	$R^2 = .426$	$F = 20,12$
вработени во секторот	објаснета варијанса	$F(6, 163)$, $p < .001$

КЛУЧНИ ПРЕДИКТОРИ НА ДОБРОСОСТОЈБАТА

ПРЕДИКТОР	B	P
Оптимизам ★	.321	<.001
Постојана свесност	.317	<.001
Самоефикасност	.180	.020

Демографските варијабли **не** придонесуваат значајно — што ја истакнува важноста на психолошките ресурси. **Оптимизмот** е најсилниот позитивен предиктор, тесно следен од **постојаната свесност**.

5 ДИСКУСИЈА

АКТИВНИ АРХИТЕКТИ

Психолошките фактори не се само предиктори — тие активно ја **обликуваат** добросостојбата во средини кои не обезбедуваат доволна поддршка.

НИЈАНСА — РЕАЛИСТИЧЕН ОПТИМИЗАМ

Реалистичниот оптимизам (позитивни очекувања + соочување со реалните предизвици) е поврзан со повисока добросостојба. Нереалистичниот може да ги потцени ризиците.

ИМПЛИКАЦИИ ЗА ПРЕВЕНЦИЈА

Долгорочната превенција бара **системска поддршка**, а не само индивидуална отпорност.

Кога речиси половина од добросостојбата зависи од индивидуалните ресурси — дали организациите создаваат услови што навистина ја поддржуваат?

6 ЗАКЛУЧОК

Психолошките фактори се моќни предиктори на субјективната добросостојба — но доброто организациско функционирање зависи од **поширок спектар фактори** кои треба дополнително да се истражат. Целта на превенцијата не е изолиран фокус на адаптивните капацитети, туку создавање средини каде добросостојбата не зависи единствено од индивидуалната издржливост.

ПОРАКАТА | **Добросостојбата не треба да биде привилегија на најотпорните.**

1ST REGIONAL CONFERENCE · PREVREG — BUILDING THE FOUNDATIONS OF PREVENTION SCIENCE IN THE REGION · ZAGREB, JUNE 10–11, 2026

Protective Psychological Factors as *Active Architects* of Subjective Well-Being in High-Stress Financial Work Environments

Asst. Andrea Velinova · Assoc. Prof. Elena Parnardzieva Stanoevska — Empirical evidence from North Macedonia

International Balkan University
SKOPJE · NORTH MACEDONIA

1 INTRODUCTION

High-stress work environments — particularly the **financial sector** — are consistently recognized as risky contexts with negative implications for mental health and reduced subjective well-being.

Continuous exposure to cognitive demands, responsibility, targets and time pressure produces chronic psychological burden. Yet certain individuals appear to **thrive** even under these conditions.

2 RESEARCH OBJECTIVES

- Examine the relationship between **psychological factors** (mindfulness, optimism, self-efficacy) and subjective well-being among employees in the Macedonian financial sector.
- Determine the extent to which these factors **predict** subjective well-being.
- Identify the factor that contributes **most strongly** to that prediction.

3 METHOD

DESIGN

Quantitative study using primary data from structured questionnaires — **MAAS, GSE, LOT-R, SWLS**.

SAMPLE

170 employees across the Macedonian financial sector: banking, non-banking institutions, insurance, investment funds, the stock exchange and brokerage firms.

STATISTICAL ANALYSIS

Hierarchical regression assessed the predictive power of the model.

1. **Control of demographics**
   gender and age entered first.
2. **Psychological predictors**
   mindfulness, optimism and self-efficacy.

4 RESULTS

42.6%
of variance in subjective well-being explained by psychological factors

$N = 170$	$R^2 = .426$	$F = 20.12$
financial-sector employees	variance explained	$F(6, 163)$, $p < .001$

KEY PREDICTORS OF WELL-BEING

PREDICTOR	B	P
Optimism ★	.321	<.001
Mindfulness	.317	<.001
Self-efficacy	.180	.020

Demographic variables did **not** contribute significantly — underscoring the weight of psychological resources. **Optimism** was the strongest positive predictor, closely followed by **mindfulness**.

5 DISCUSSION

ACTIVE ARCHITECTS

Psychological factors are not mere predictors — they actively **construct** well-being in environments that fail to provide adequate support.

NUANCE — REALISTIC OPTIMISM

Realistic optimism (positive expectations + facing real challenges) is linked to higher well-being. Unrealistic optimism may downplay risks and ignore negative outcomes.

IMPLICATIONS FOR PREVENTION

Long-term prevention needs **systemic support**, not individual resilience alone.

When nearly half of well-being rests on individual resources — are organizations creating conditions that truly support it?

6 CONCLUSION

Psychological factors are powerful predictors of subjective well-being — yet effective organizational functioning depends on a **broader range of factors** that warrant further study. Prevention should not isolate employees' adaptive capacities, but create work environments where well-being does not depend solely on individual resilience.

THE TAKEAWAY | **Well-being should not be a privilege of the most resilient.**

ZLOUPOTREBA ALKOHOLA U KRIMINALNIM KARIJERAMA: IMPLIKACIJE ZA PREVENTIVNE INTERVENCIJE KOD OSUĐENIH LICA

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01 ZNAČAJ ZA PREVENCIJSKU NAUKU

Zloupotreba alkohola predstavlja dinamički faktor rizika povezan sa nasilnim ponašanjem i recidivizmom. Prepoznavanje rizika povezanih sa zloupotrebom alkohola među osuđenim licima može doprineti razvoju preventivno orijentisanih intervencija u okviru sistema izvršenja krivičnih sankcija i podrške reintegraciji u zajednicu.

02 CILJ

Ispitati rasprostranjenost i karakteristike zloupotrebe alkohola među osuđenim licima i razmotriti implikacije nalaza za preventivne intervencije.

UZORAK

86 punoletnih muškaraca na izdržavanju kazne zatvora u KPZ u Srbiji. Svi ispitanici imali su ranije osude, a više od 80% njih tri ili više prethodnih osuda u odraslom dobu.

REZULTATI

61,6%
Problematična ili visoko problematična zloupotreba alkohola

66,7%
Istorija nasilnog ponašanja povezanog sa alkoholom

95,8%
Bez prethodnih pokušaja lečenja problema povezanih sa alkoholom

→ PREVENTIVNE IMPLIKACIJE ←

Nalazi ukazuju da zloupotreba alkohola predstavlja važan cilj preventivnih intervencija:
Sistematski skrining i rano prepoznavanje rizika povezanih sa alkoholom
Selektivna prevencija usmerena na visokorizične pojedince
Indikovana prevencija i tretmanske intervencije
Podrška koja povezuje institucionalni tretman i reintegraciju u zajednicu.

Zloupotreba alkohola predstavlja značajan faktor rizika među osuđenim licima, a problemi povezani sa alkoholom u velikoj meri ostaju neprepoznati. Unapređenje preventivnih intervencija može doprineti smanjenju nasilja i recidivizma, kao i uspešnijoj reintegraciji u zajednicu.

ALCOHOL MISUSE WITHIN CRIMINAL CAREERS: IMPLICATIONS FOR PREVENTION-ORIENTED INTERVENTIONS AMONG CONVICTED OFFENDERS

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01 RELEVANCE FOR PREVENTION SCIENCE

Alcohol misuse is a dynamic risk factor associated with violent behaviour and recidivism. Identifying alcohol-related risks among convicted offenders may support the development of prevention-oriented interventions within criminal justice systems and community reintegration services.

02 AIM

To examine the prevalence and characteristics of alcohol misuse among convicted offenders and discuss implications for prevention-oriented interventions.

SAMPLE

86 adult male offenders from a Serbian correctional institution, all with previous criminal involvement; more than 80% had three or more prior adult convictions.

RESULTS

61.6%
Problematic or highly problematic alcohol misuse

66.7%
History of alcohol-related violence

95.8%
No previous treatment attempts

PREVENTION IMPLICATIONS

The findings highlight alcohol misuse as an important target for prevention-oriented interventions:
Systematic screening and early identification
Selective prevention for high-risk individuals
Indicated prevention and treatment interventions
Support extending from correctional settings to community reintegration.

Alcohol misuse represents a significant and largely untreated risk factor among convicted offenders. Strengthening prevention-oriented responses may contribute to reducing violence, recidivism, and barriers to successful reintegration.

Rezultati HBSC istraživanja u Republici Hrvatskoj

Tonka Karin, mag. rehab. educ.

Metode

N = 5.169 učenika

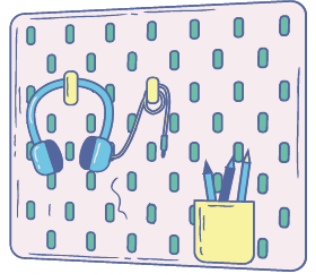
5 i 7. razred osnovne škole + 1. i 3. razred srednje škole

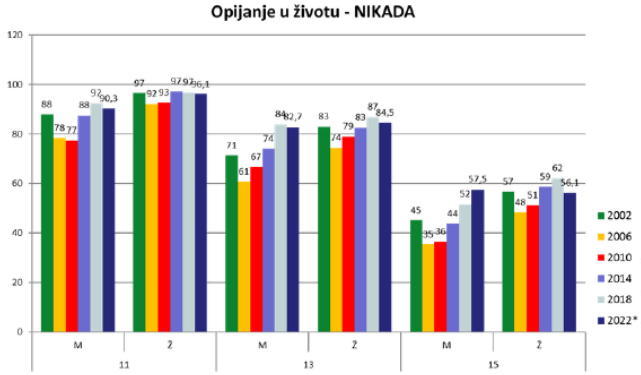
Prosječna dob: 13,8 godina

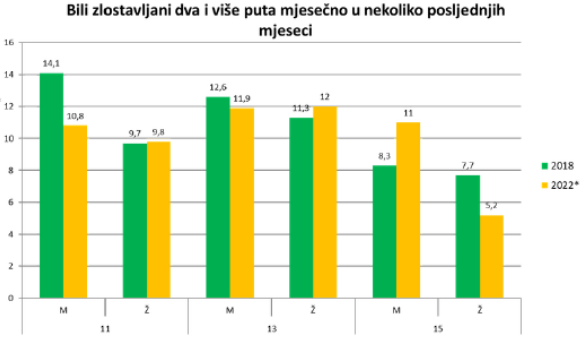
HBSC 2021./2022. istraživanje

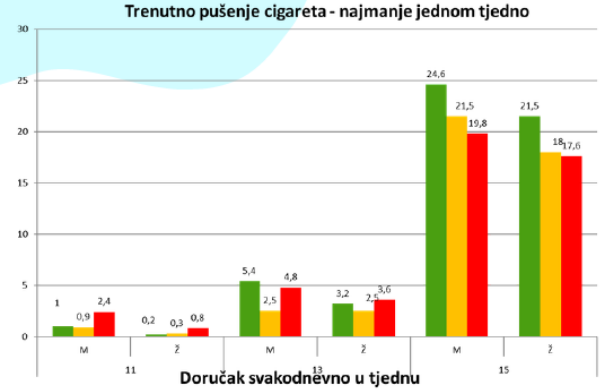
Anonimni i standardizirani upitnik

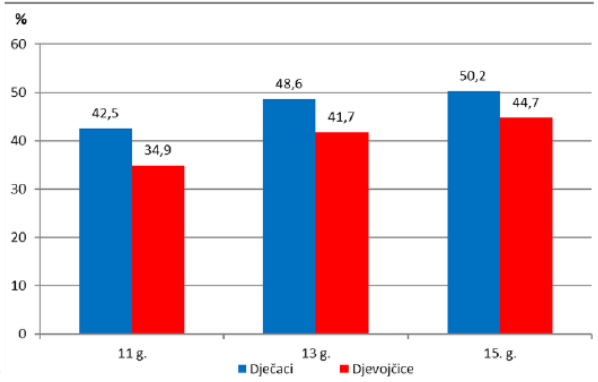
Rezultati

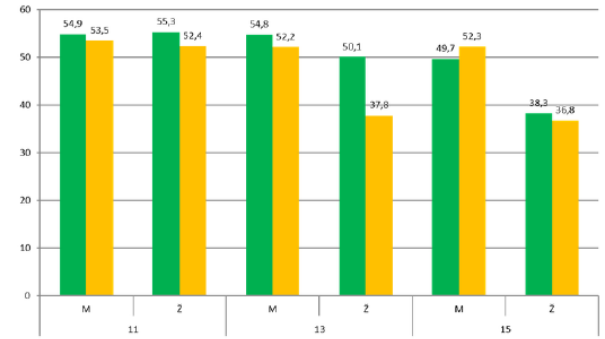












Glavne poruke

- Smanjenje pušenja kroz 20 godina
- Porast korištenja društvenih mreža
- Smanjenje svakodnevnog doručkovanja
- Razlike prema spolu i dobi
- Potreba za preventivnim intervencijama

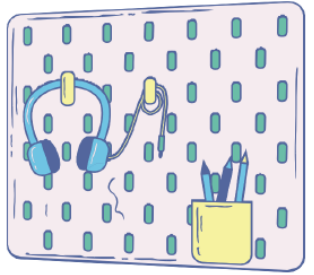
Results of the health behavior survey of school children (HBSC) in the Republic of Croatia

Tonka Karin, mag. rehab. educ.

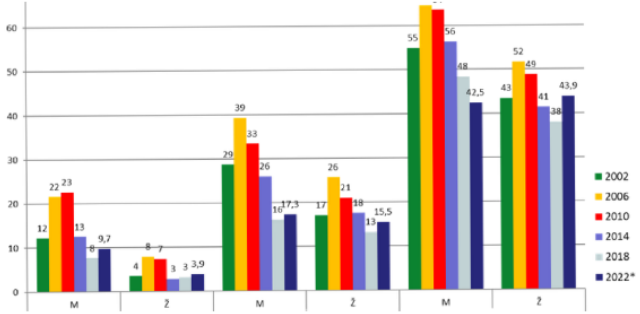
Methods

N = 5,169 students
5th and 7th grade of primary school + 1st and 3rd grade of secondary school
Mean age: 13.8 years
HBSC 2021/2022 survey
Anonymous and standardized questionnaire

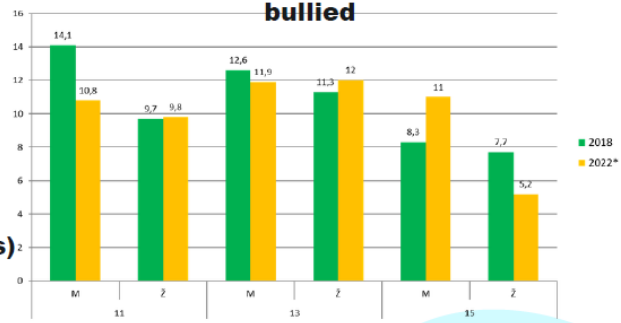
Main results



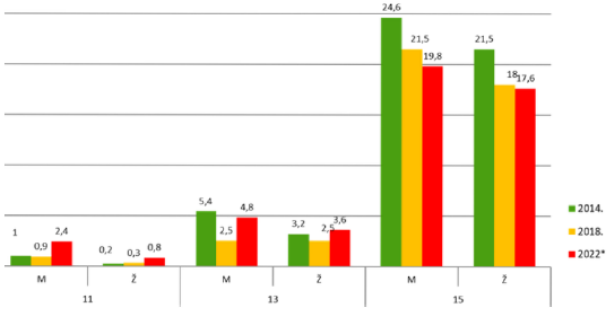
Never been intoxicated in life



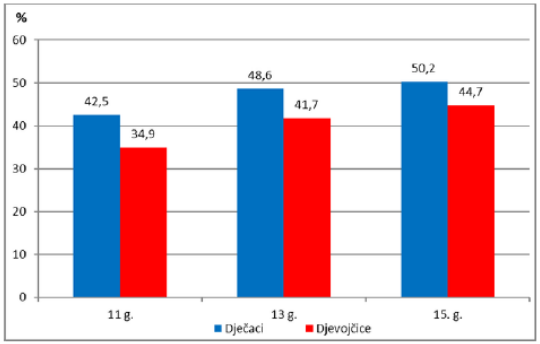
Victimised by peers / Being bullied



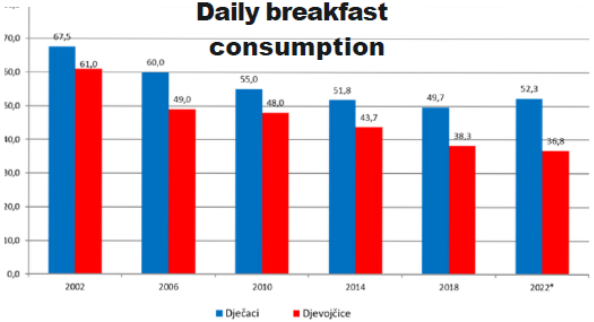
Smoking cigarettes at least once per week



Excessive television viewing (≥2 hours on weekdays)



Daily breakfast consumption



Key messages

- Decrease in smoking over the past 20 years
- Increase in social media use
- Decrease in daily breakfast consumption
- Gender and age differences observed
- Need for targeted prevention strategies

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ŽIVJETI ZDRAVO

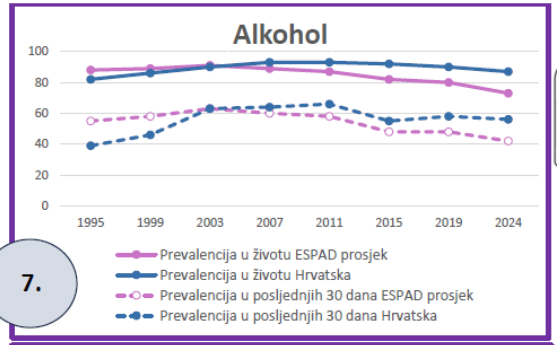
HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO

Europsko istraživanje o pušenju, pijenju i uzimanju droga među učenicima (ESPAD) Tridesetogodišnji trend uporabe sredstava ovisnosti mladih u Hrvatskoj i izazovi vezano uz uporaba e-cigareta među šesnaestogodišnjacima



Markelić, M.[1], Muslić, Lj.[1], Vučagić, S.[1] i Musić Milanović, S. [1,2], [1]Hrvatski zavod za javno zdravstvo, Služba za promicanje zdravlja,
[2]Škola narodnog zdravlja dr. Andrija Štampar, Medicinski fakultet Sveučilišta u Zagrebu

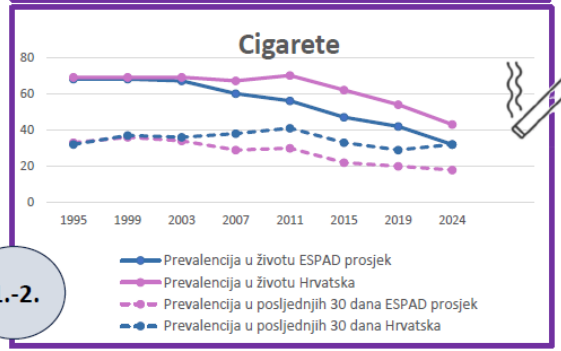
Europsko istraživanje o pušenju, pijenju i uzimanju droga među učenicima (*European School Survey Project on Alcohol and Other Drugs* – ESPAD) međunarodno je istraživanje koje provodi u četverogodišnjim razmacima među učenicima u dobi od šesnaest godina. Osnovni cilj ESPAD istraživanja je praćenje prevalencije korištenja sredstava ovisnosti među adolescentima. Krajnji cilj je pružiti čvrstu osnovu za pomoć pri kreiranju javnih politika, posebno onih usmjerenih mladima.



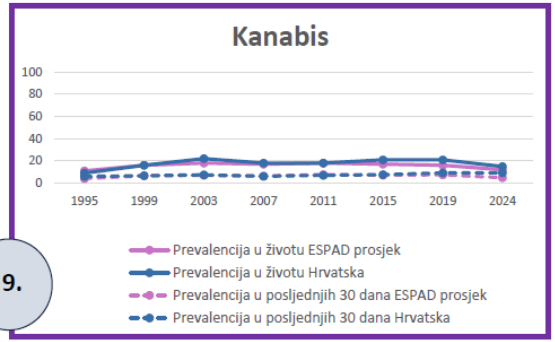
7.



Trend uporabe sredstava ovisnosti u ESPAD zemljama je u padu.
Hrvatska prati trend pada uporabe sredstava, ali taj pad ne slijedi intezitet ESPAD prosjeka.
U većini pokazatelja Hrvatska se nalazi visoko na poretku zemalja sudionica.
Uporaba e-cigareta bilježi statistički značajan rast.



1.-2.



9.

Markelić M., Muslić Lj., Križan H. i Musić Milanović S. (2025). *Europsko istraživanje o pušenju, pijenju alkohola i uzimanju droga među učenicima 2024.*, Zagreb: Hrvatski zavod za javno zdravstvo



E-cigarete

	2019.		2024.	
	ESPAD prosjek	Hrvatska	ESPAD prosjek	Hrvatska
Prevalencija u životu	40	44	44	53
Prevalencija u posljednjih 30 dana	14	12	22	32





	2019.	2024.	2019.	2024.
Prevalencija u životu	51	48	16	27
Prevalencija u posljednjih 30 dana	36	58	9	38

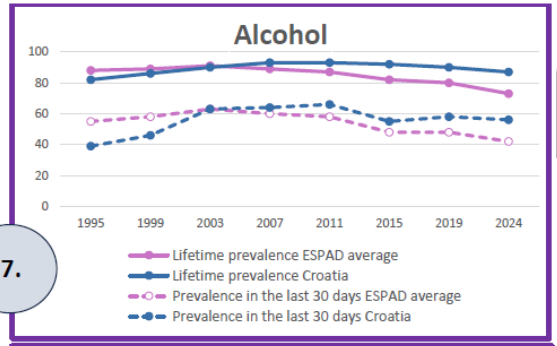
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HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO



European School Survey Project on Alcohol and Other Drugs (ESPAD)
Thirty-year trend in substance use among youth in Croatia and challenges related to e-cigarette use among sixteen-year-olds

Markelić, M. [1], Muslić, Lj. [1], Vučagić, S. [1] & Musić Milanović, S. [1,2], [1] Croatian Institute of Public Health, Health Promotion Division [1],
[2] School of Public Health ´Andrija Štampar´, School of Medicine, University of Zagreb [2]

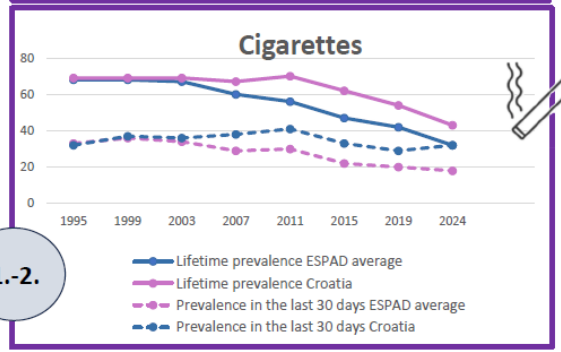
The European School Survey Project on Alcohol and Other Drugs (ESPAD) is an international survey conducted at four-year intervals among sixteen-year-old students. The main objective of the ESPAD survey is to monitor the prevalence of substance use among adolescents. The ultimate goal is to provide a solid foundation to assist in the development of public policies, particularly those targeting young people.



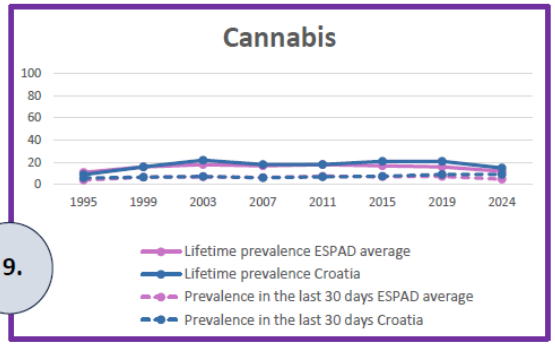
7.



The trend in the use of addictive substances in ESPAD countries is declining.
Croatia follows the downward trend in substance use, but this decline does not match the intensity of the ESPAD average.
In most indicators, Croatia ranks high among participating countries.
The use of e-cigarettes shows a statistically significant increase.



1.-2.



9.

Markelić M., Muslić Lj., Križan H. i Musić Milanović S. (2025). *Europsko istraživanje o pušenju, pijenju alkohola i uzimanju droga među učenicima 2024.*, Zagreb: Hrvatski zavod za javno zdravstvo





E-cigarettes

	2019.		2024.	
	ESPAD average	Croatia	ESPAD average	Croatia
Lifetime prevalence	40	44	44	53
Prevalence in the last 30 days	14	12	22	32





	2019.	2024.	2019.	2024.
Lifetime prevalence	51	48	16	27
Prevalence in the last 30 days	36	58	9	38

Pokazatelji o pojavnosti novih ovisnosti među mladima u Virovitičko-podravskoj županiji

Siniša Brlas, profesor psihologije i specijalist kliničke psihologije
Zavod za javno zdravstvo „Sveti Rok“ Virovitičko-podravske županije
Povjerenstvo za suzbijanje ovisnosti Virovitičko-podravske županije

Metodološki okvir prevencije ovisnosti:

1. **Istraživanje** pojavnosti (osmišljavanje i provedba istraživanja)

Izrada nacrta istraživanja i instrumentarija, provedba istraživanja, analiza podataka. Analiza stanja i potreba na temelju dobivenih pokazatelja.

2. **Planiranje i** programiranje preventivnih aktivnosti

Analiza snaga i slabosti (SWOT analiza).
Postavljanje ostvarivih ciljeva.
Određivanje ciljane skupine.
Definiranje aktivnosti za ciljanu skupinu.

3. **Provedba** preventivnih aktivnosti/programa/projekata (univerzalna i selektivna prevencija)

Psihoedukacija, specifična edukacija, promocija zdravlja.

4. **Evaluacija** i reprogramiranje

Vrednovanje i samovrednovanje provedenih aktivnosti.
Analiza provedenih aktivnosti i priprema za nove aktivnosti.

5. **Tretman** (savjetodavni rad s ovisnicima, indicirana prevencija)

Nova knjiga



Cilj istraživanja:

Istražiti pojavnost ovisničkih ponašanja među učenicima u Virovitičko-podravskoj županiji kao prvi korak učinkovite prevencije.

Metoda:

Anketom o ovisnostima koja je sadržavala 34 pitanja obuhvaćeno je 1297 učenika oba spola u šestom razredu osnovnih i drugom razredu srednjih škola, a provedena je tijekom školske godine 2024./2025. metodom papir-olovka.

Rezultati:

Odnose se parcijalno samo na nove ovisnosti (e-cigarete, nikotinske vrećice, energetska pića, društvene mreže i video igrice). Deskriptivna statistika (postoci).

- 41,4% koristi elektroničke cigarete koje sadrže nikotin
- 15,1% ima iskustvo s nikotinskim vrećicama, a 1,9% njih redovito ih koristi
- 58,7% pije energetska pića koja sadrže kofein, iako 86,5% zna da sadrže potencijalno štetne sastojke
- 96,2% koristi društvene mreže, a 42,6% na njima provodi više od tri sata dnevno
- 78,4% igra video igrice, 20,6% njih dulje od tri sata dnevno

Koristiš li katkada e-cigarete?		
Da, redovito	N	117
	%	9,2%
Da, ali samo ponekad	N	193
	%	15,2%
Samo jednom probao/probala	N	216
	%	17,0%
Nikad ih ne koristim	N	628
	%	49,4%
Ne znam što je to	N	117
	%	9,2%
UKUPNO	N	1271
	%	100,0%

Imaš li iskustva s nikotinskim vrećicama?		
Da, redovito	N	24
	%	1,9%
Da, ali samo ponekad	N	56
	%	4,4%
Samo jednom probao/probala	N	112
	%	8,8%
Nikad ih ne koristim	N	816
	%	64,5%
Ne znam što je to	N	258
	%	20,4%
UKUPNO	N	1266
	%	100,0%

Piješ li energetska pića?		
Samo ponekad	N	591
	%	46,1%
Svakodnevno	N	161
	%	12,6%
Ne pijem ih nikada	N	529
	%	41,3%
UKUPNO	N	1281
	%	100,0%

Koliko vremena provodiš na društvenim mrežama (Facebook, Instagram, TikTok, Snapchat, Twitter...)?		
Manje od sat vremena	N	190
	%	14,9%
Od 1 do 3 sata	N	492
	%	38,6%
Više od 3 sata	N	543
	%	42,6%
Ne koristim društvene mreže	N	49
	%	3,8%
UKUPNO	N	1274
	%	100,0%

Koliko vremena dnevno provodiš igrajući video igrice?		
Manje od sat vremena	N	339
	%	26,9%
Od 1 do 3 sata	N	390
	%	30,9%
Više od 3 sata	N	260
	%	20,6%
Ne igram video igrice	N	273
	%	21,6%
UKUPNO	N	1262
	%	100,0%

Zaključak:

Novo vrijeme donosi nove rizike za mlade, a oni su često u području ovisničkih ponašanja. Ova se ponašanja jednim dijelom odnose na unos tvari u organizam, a drugim se dijelom odnose na teškoće s kontrolom ponašanja koje mogu kao ishod imati ovisnost. Stoga je učinkovita, metodološki oblikovana i na dokazima utemeljena prevencija imperativ u pristupu ovom javnozdravstvenom izazovu.

Ključne riječi: istraživanje, nove ovisnosti, prevencija

Indicators of the emergence of new addictions among young people in Virovitica-Podravina County

Siniša Brlas, professor of psychology and specialist in clinical psychology
Public Health Institute "Sveti Rok" of Virovitica-Podravina County
Virovitica-Podravina County Addiction Prevention Commission

Methodological framework for prevention:

1. **Research**
Research design, instruments, dana analysis.

2. **Planning and programming**
Analysis of strenghts and weaknesess (SWOT analysis).
Settings achievable goals.
Determining target groups.
Defining activities for target groups.

3. **Implementation** (universal and selective prevention)
Psychoeducation, specific education, health promotion.

4. **Evaluation and reprogramming**
Evaluation and self-evaluation of implemented activities.
Analysis of implemented activities and preparations for new activities.

5. **Treatment** (counseling work, indicated prevention)

New book



The aim of the research:

To investigate the occurrence of addictive behaviors among students as the first step in effective prevention.

Method:

The survey on addictions, which contained 34 questions, included 1,297 male and female students who attend the sixth grade of elementary school and the second grade of secondary school. The survey was conducted during the 2024/2025 school year using a paper-and-pencil method.

Results:

They only partially apply to new addictions (e-cigarettes, nicotine pouches, energy drinks, social media, and video games).

Descriptive statistics (percentages) show:

- 41,4% use electronic cigarettes that contain nicotine
- 15,1% have experience with nicotine pouches, and 1,9% use them regularly
- 58,7% drink energy drinks that contain caffeine, although 86,5% are aware that they contain potentially harmful ingredients
- 96,2% use social networks, and 42,6% spend more than three hours a day on social networks
-78,4% play video games, with 20,6% doing so for more than three hours a day

Do you sometimes use e-cigarettes?		
Yes, regularly	N	117
	%	9,2%
Yes, occasionally	N	193
	%	15,2%
I have only tried them once	N	216
	%	17,0%
I never use them	N	628
	%	49,4%
I don't know what they are	N	117
	%	9,2%
In total	N	1271
	%	100,0%

Do you drink energy drinks?		
Yes, occasionally	N	591
	%	46,1%
Daily	N	161
	%	12,6%
I never drink them	N	529
	%	41,3%
In total	N	1281
	%	100,0%

How much time per day do you spend playing video games?		
Less than 1 hour	N	339
	%	26,9%
Between 1 and 3 hours	N	390
	%	30,9%
More than 3 hours	N	260
	%	20,6%
I don't play video games	N	273
	%	21,6%
In total	N	1262
	%	100,0%

Have you ever used nicotine pouches?		
Yes, regularly	N	24
	%	1,9%
Yes, occasionally	N	56
	%	4,4%
I have only tried them once	N	112
	%	8,8%
I never use them	N	818
	%	64,5%
I don't know what they are	N	259
	%	20,4%
In total	N	1268
	%	100,0%

How much time per day do you spend on social networks (Facebook, Instagram, TikTok, Snapchat, Twitter, etc.)?		
Less than 1 hour	N	191
	%	14,5%
Between 1 and 3 hours	N	467
	%	38,6%
More than 3 hours	N	543
	%	42,6%
I don't use social networks	N	49
	%	3,8%
In total	N	1274
	%	100,0%

Conclusion:

New times bring new risks for young people, and they are often in the area of addictive behaviors. These behaviors partly relate to the intake of substances into the body, and partly relate to difficulties with behavioral control that can result in addiction. Therefore, an effective, methodologically designed and evidence-based prevention is imperative in approaching this public health challenge.

Keywords: research, new addictions, prevention

Analiza vremena provedenog na društvenim mrežama i njegovog doživljaja među mladima

Martina Markelić [1] , Mateja Kopsa Sobota[1], Sanja Musić Milanović [1,2]

[1]Hrvatski zavod za javno zdravstvo
[2] Škola narodnog zdravlja „Andrija Štampar", Medicinski fakultet Sveučilišta u Zagrebu

Uvod

Posljednjih godina bilježi se zabrinjavajući porast korištenja društvenih mreža i interneta među mladima.[1] Visok udio mladih sudjeluje u intenzivnom korištenju društvenih mreža što rezultira kroničnom deprivacijom sna te negativnim učincima na kognitivno funkcioniranje, akademski uspjeh i socioemocionalno funkcioniranje[3].

Posebno zabrinjava činjenica kako sve veći broj adolescenata razvija obrasce ovisničkog ponašanja bez odgovarajuće svijesti o problemu, kako među samim mladima tako i među njihovim roditeljima[2].

Ovaj rad predstavlja najnovije podatke iz istraživanja **European School Survey Project on Alcohol and Other Drugs (ESPAD)**. Uz obvezna pitanja iz ESPAD upitnika, u istraživanje su uključena i nacionalno specifična pitanja o vremenu provedenom na društvenim mrežama.[4]

Cilj

Cilj ovog istraživanja bio je analizirati količinu vremena koju mladići i djevojke u dobi od 15 do 16 godina provode na društvenim mrežama tijekom radnih dana i vikendom u Hrvatskoj, kao i njihovu percepciju vremena koje provode uz društvene mreže. Dodatno, istraživanje je nastojalo ispitati doživljaj roditelja o tome provode li njihova djeca značajnu količinu vremena na društvenim mrežama.

Materijali i metode

Istraživanje je koristilo stratificirani slučajni uzorak, pri čemu je jedinica uzorkovanja bio razred unutar određenog tipa srednjoškolskog obrazovnog programa. Razredi su odabrani iz službenog popisa Ministarstva znanosti, obrazovanja i mladih. U skladu sa smjernicama ESPAD-a za planiranje veličine uzorka, cilj je bio uključiti najmanje 1.200 učenika po spolu kako bi se osigurala zadovoljavajuća razina preciznosti.

Uzorak je obuhvatio 187 škola, a istraživanje je provedeno u 163 škole, uključujući 338 razreda. Reprezentativnost uzorka u odnosu na populaciju učenika procijenjena je na 98 %.[4]

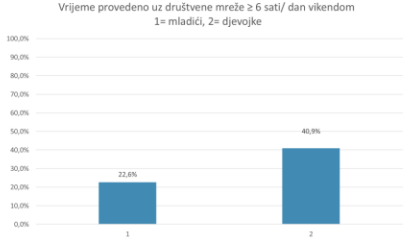
Rezultati

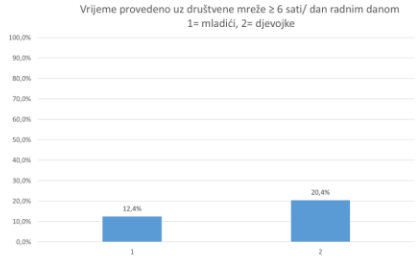
Rezultati pokazuju da većina učenika (73,1 %) tijekom radnih dana provodi više od dva sata dnevno na društvenim mrežama, dok je taj udio tijekom vikenda još veći (81,1 %).

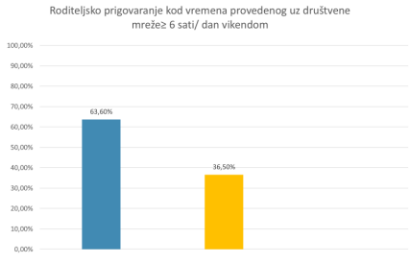
Posebno zabrinjava podatak da visok udio mladih provodi više od šest sati dnevno na društvenim mrežama tijekom vikenda (22,6 % mladića i čak 40,9 % djevojaka). Nadalje, 22,5 % mladih koji tijekom radnih dana provode šest ili više sati dnevno na društvenim mrežama ne smatra takvo ponašanje pretjeranim.

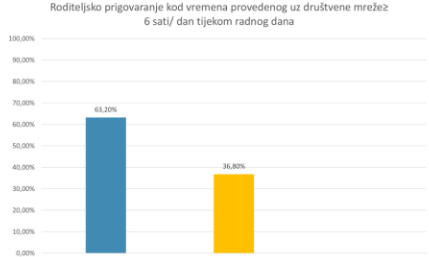
Među djecom koja tijekom radnih dana provode šest ili više sati dnevno na društvenim mrežama, 63,2 % navodi da se njihovi roditelji žale na njihovo korištenje društvenih mreža, dok se čak 20,2 % ne slaže s tom tvrdnjom, a 16,7 % je neutralno.

Zaključno, podaci pokazuju da 36,9 % roditelja učenika koji vikendom provode šest ili više sati dnevno na društvenim mrežama takvu količinu korištenja ne smatra razlogom za zabrinutost.[4]









Zaključno:
73 % adolescenata provodi više od 2 sata dnevno na društvenim mrežama tijekom radnih dana
40,9 % djevojaka provodi više od 6 sati dnevno na društvenim mrežama tijekom vikenda
63 % roditelja prigovara zbog korištenja društvenih mreža duljeg od 6 sati dnevno tijekom radnih dana
37 % roditelja ne smatra problematičnim korištenje društvenih mreža dulje od 6 sati dnevno tijekom vikenda

Zaključak

Prema dobivenim rezultatima, ponašajne ovisnosti predstavljaju značajan javnozdravstveni izazov u radu s adolescentima i mladima.

Zaključno, rezultati ovog istraživanja ukazuju na značajnu disproporciju između stvarnog vremena koje adolescenti u dobi od 15 do 16 godina provode na društvenim mrežama i njihove subjektivne percepcije pretjeranog korištenja društvenih mreža. Razlika u doživljaju vremena provedenog uz društvene mreže te stvarnog vremena provedenog uz društvene mreže uočena je i među njihovim roditeljima, što upućuje na razliku između objektivno zabilježenog korištenja društvenih mreža i njegove percipirane razine kod adolescenata i njihovih roditelja.

Dobiveni rezultati naglašavaju potrebu za jačanjem preventivnih programa, regulacijom korištenja mobilnih telefona i društvenih mreža te podizanjem svijesti o rastućem trendu zakonskih regulativa koje zabranjuju korištenje društvenih mreža djeci mlađoj od 15 godina, kako u Europi tako i u svijetu.

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HZJZ

ŽIVJETI ZDRAVO

Analysis of Time Spent on Social Media and Its Perception Among Young People

Martina Markelić [1], Mateja Kopsa Sobota[1], Sanja Musić Milanović [1,2]

[1]Croatian Institute of Public Health
[2]Andrija Štampar School of Public Health, University of Zagreb School of Medicine

Introduction

In recent years, there has been a concerning increase in social media use and internet addiction among young people[1]. High proportions of youth engage in heavy smartphone use and media multitasking, with resultant chronic sleep deprivation, and negative effects on cognitive control, academic performance and socioemotional functioning[3]

Particularly alarming is the fact that an increasing number of adolescents are developing patterns of addictive behaviour without adequate awareness of the problem, both among young people themselves and their parents[2].

This paper will present the latest data from the European School Survey Project on Alcohol and Other Drugs (ESPAD), In addition to the mandatory ESPAD core questionnaire items, nationally specific questions assessing time spent on social media were also included in the survey.[4]

Aim

The aim of this study is to analyze the amount of time boys and girls aged 15–16 spend on social media, as well as their own perception of the time they devote to social media during weekdays and weekends in Croatia. In addition, the study seeks to examine parents' perceptions of whether their children spend a considerable amount of time on social media.

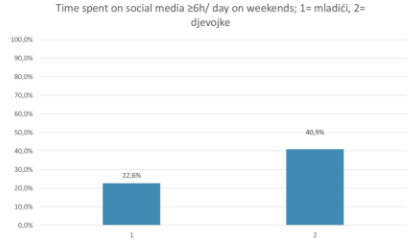
Materials and metods

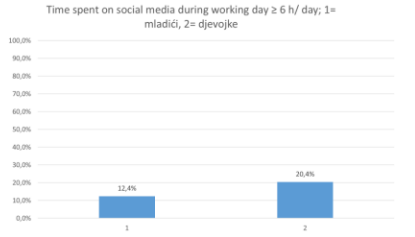
The study utilized a stratified random sampling method, with the sampling unit being the class within a specific type of secondary school education program. Classes were selected from the official list of the Ministry of Science and Education based on their ordinal numbers. In line with the ESPAD guidelines for sample size planning, the target sample consisted of a minimum of 1,200 students per gender to ensure a satisfactory level of precision. The sample included 187 schools, and the study was conducted across 163 schools, specifically in 338 classes. The representativeness of the sample relative to the student population was estimated at 98%.[4]

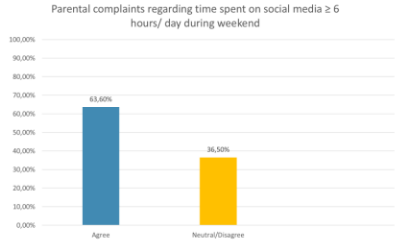
Results

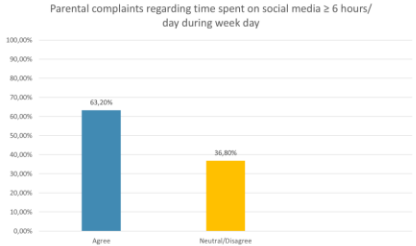
The findings indicate that the majority of students (73.1%) spend more than two hours per day on social media during weekdays, while this proportion is even higher on weekends (81.1%). Of particular concern is the high proportion of young people who spend **more than six hours on social media during weekends (22,6% of boys and as many as 40,9% of girls). Furthermore, 22.5% of young people who spend six or more hours per day on social media during weekdays do not perceive this as excessive use.**

Among children who spend six or more hours per day on social media during the working week, 63.2% report that their parents complain about their social media use, while as many as 20.2% disagree with this statement, while 16,7% is neutral. The data show that **36.9% of parents of students who spend six or more hours on social media during weekends do not perceive this amount of social media use as concerning. [4]**









KEY FINDINGS
73% adolescents spend >2 h/day on social media during weekends
40,9% of girls spend >6 h/day during weekends
63% of parents complain about >6 h/day use during weekdays
37% of parents do not perceive >6 h/day on weekends as problematic

Conclusions

According to the obtained results, behavioural addictions represent a significant public health challenge in working with adolescents and young people.[4]

In conclusion, the findings of this study reveal a significant discrepancy between the actual time spent on social media by adolescents aged 15–16 and their subjective perception of excessive social media use. A comparable discrepancy was also observed among their parents, suggesting a divergence between objectively reported social media engagement and its perceived extent in both adolescents and their parents. The findings highlight a strong need to strengthen preventive programmes, regulation and self-regulation of social media use, as well as to raise awareness of the growing trend of legal regulations prohibiting social media use for children under the age of 15, both in Europe and worldwide.

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HZJZ

ŽIVJETI ZDRAVO

Tko se osjeća podržano? Rodne i obrazovne razlike u mrežama podrške hrvatskih adolescenata

Dora Petrović[1], Ivana Pikić Jugović[1], Paula Pedić Duić[2]

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TEORIJSKI OKVIR

Bioekološki model naglašava kako dobrobit adolescenata proizlazi iz kontinuiranih interakcija unutar višestrukih socijalnih okruženja, uključujući obitelj, školu i vršnjake.

Socijalna podrška bliskih drugih unutar tih konteksta ima ključnu zaštitnu ulogu za pozitivne razvojne ishode.

Skala socijalne podrške djece i adolescenata (Child and Adolescent Social Support Scale – CASSS; Malecki i Demaray, 2002) mjeri percipiranu podršku iz četiri izvora (roditelji, drugi učenici iz razreda, nastavnici i bliski prijatelj) te kroz četiri vrste podrške (emocionalnu, instrumentalnu, informacijsku i afirmativnu podršku).

CILJEVI ISTRAŽIVANJA

1. Ispitati faktorsku strukturu hrvatske adaptacije Skale socijalne podrške djece i adolescenata (CASSS).

2. Testirati mjernu invarijantnost skale prema rodu učenika.

3. Istražiti razlike u percipiranoj socijalnoj podršci s obzirom na rod i vrstu škole koju učenici pohađaju.

METODA

2,583	15.5	45.4 %	30
učenika	prosječna dob	djevojaka	škola

Nacionalno reprezentativni uzorak srednjoškolaca koji pohađaju gimnazije i strukovne škole diljem Hrvatske.

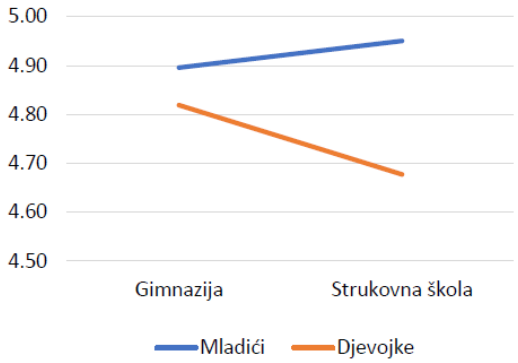
Instrument: Skala socijalne podrške djece i adolescenata (CASSS) - hrvatska verzija (48 čestica; *1-Nikada* do *6-Uvijek*)

Analize: konfirmatorna faktorska analiza (CFA), multigrupna konfirmatorna faktorska analiza za testiranje mjerne invarijantnosti, analiza varijance (ANOVA)

GLAVNI NALAZI

- ✓ **Struktura skale:** Hijerarhijski model konfirmatorne faktorske analize (CFA) potvrdio je četiri latentna izvora podrške drugog reda (roditelji, učenici iz razreda, nastavnici i bliski prijatelj) te četiri vrste podrške prvog reda (emocionalna, instrumentalna, informacijska i afirmativna podrška).
- ✓ **Mjerna invarijantnost:** Potvrđene su konfiguracijska, metrijska, skalarna i rezidualna invarijantnost s obzirom na rod, što pokazuje da CASSS jednako mjeri socijalnu podršku kod mladića i djevojaka.
- ✓ **Razlike prema vrsti škole:** Učenici gimnazija izvijestili su o većoj podršci učenika iz razreda, ali o manjoj podršci nastavnika u usporedbi s učenicima strukovnih škola.
- ✓ **Rodne razlike:** Djevojke su izvijestile o većoj podršci drugih učenika i bliskih prijatelja nego mladići.
- ✓ **Interakcijski efekt:** Među djevojkama, učenice gimnazija percipirale su veću roditeljsku podršku nego učenice strukovnih škola. Unutar strukovnih škola, mladići su izvijestili o većoj roditeljskoj podršci nego djevojke.

INTERAKCIJSKI EFEKT (PODRŠKA RODITELJA)



ZAKLJUČCI

Hrvatska verzija CASSS-a ima izvrsna psihometrijska svojstva, što potvrđuje njezinu prikladnost za primjenu u istraživanjima i praksi.

Utvrđene rodne razlike i razlike prema vrsti škole u percipiranoj socijalnoj podršci naglašavaju važnost uzimanja u obzir socijalnog okruženja adolescenata pri osmišljavanju ciljanih intervencija usmjerenih na promicanje dobrobiti i pozitivnog razvoja.

Istraživački projekt Nacionalno panel istraživanje srednjih škola (CIROskop) financiran je iz fonda NextGenerationEU u okviru Nacionalnog plana oporavka i otpornosti Republike Hrvatske (005/IDIZ Programski ugovor 2024.–2027.).

Who Feels Supported? Gender and Educational Differences in Croatian Adolescents' Social Networks

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[1] *Institute for Social Research in Zagreb, Centre for Educational Research and Development, Zagreb, Croatia* | [2] *Faculty of Teacher Education, University of Zagreb, Zagreb, Croatia*

THEORETICAL BACKGROUND

The bioecological model emphasizes that adolescent well-being emerges through ongoing interactions within multiple relational environments, including the family, school, and peer domains.

Social support from significant others within these contexts represents a **key protective factor** for positive developmental outcomes.

Child and Adolescent Social Support Scale (CASSS; Malecki & Demaray, 2002) measures perceived support coming from four sources (parents, classmates, teachers, close friend) and by four types (emotional, instrumental, informational, appraisal).

STUDY AIMS

1. Examine the factor structure of the Croatian CASSS.

2. Test gender measurement invariance of the scale.

3. Investigate gender and school-type differences in perceived social support.

METHOD

2,583	15.5	45.4%	30
students	mean age	female students	schools

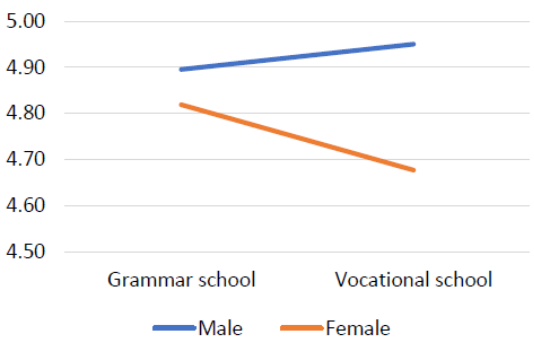
Nationally representative sample of Croatian secondary school students attending grammar and vocational schools across Croatia.

Instrument: Child and Adolescent Social Support Scale (CASSS) - Croatian version (48 items, *1-Never* to *6-Always*)
Analysis: Confirmatory factor analysis (CFA), multigroup CFA for invariance testing, and analyses of variance (ANOVA)

KEY RESULTS

- ✓ **Scale Structure:** Hierarchical CFA model confirmed four second-order support sources (parents, classmates, teachers, close friend) × four first-order support types (emotional, instrumental, informational, appraisal).
- ✓ **Measurement Invariance:** Configural, metric, scalar, and residual invariance across gender - the CASSS measures support equivalently for male and female adolescents.
- ✓ **School-Type Differences:** Grammar school students reported greater classmate support but lower teacher support than vocational school students.
- ✓ **Gender Differences:** Female adolescents reported stronger support from classmates and close friends than male adolescents.
- ✓ **Interaction Effect:** Among females, grammar school students perceived stronger parental support; within vocational schools, male adolescents reported higher parental support than female adolescents.

INTERACTION EFFECT (PARENTAL SUPPORT)



CONCLUSIONS

The Croatian CASSS demonstrates strong psychometric robustness, supporting its use in research and practice.

Gender and school-type differences in perceived support highlight the importance of considering adolescents' social environments when designing targeted interventions aimed at promoting well-being and positive development.

Research project National Panel Research of Secondary Schools (CIROscope) was funded by NextGenerationEU fund through the Croatian National Recovery and Resilience Plan (005/IDIZ Programski ugovor2024.-27.).

Individualni i školski prediktori osećaja pripadnosti školi kod učenika srednjih škola

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***Univerzitet u Beogradu – Fakultet za specijalnu edukaciju i rehabilitaciju*

1

Osećaj pripadnosti školi je mera u kojoj se učenici osećaju lično prihvaćeni, poštovani, uključeni i podržani od drugih u školskom okruženju.

Cilj istraživanja bio je ispitivanje individualnih i školskih prediktora osećaja pripadnosti školi.

Uzorak:
561 učenik srednjih škola u Beogradu, uzrasta od 14 do 19 godina (M = 16.4, SD = 1.19), 56% učenica.

Instrumenti:
- Psychological Sense of School Membership (Goodenow, 1993; α = .85);
- Delaware School Climate Survey (Bear et al., 2014; koeficijenti interne pouzdanosti za pojedinačne skale kreću se od α = .55 to α = .84)

2

Varijable:

Individualni prediktori:
pol; uzrast; socio-emocionalne kompetencije učenika (odgovornost, socijalna svesnost, upravljanje emocijama i ponašanjem, interpersonalne veštine).

Školski prediktori:
odnosi nastavnik–učenik; odnosi sa drugim učenicima; disciplinske prakse (pozitivne bihejvioralne, kažnjavajuće i tehnike disciplinovanja koje podstiču socio-emocionalno učenje); jasna očekivanja; pravičnost pravila; sigurnost u školi; vršnjačko nasilje; uvažavanje različitosti.

3

Rezultati:

Multipla regresiona analiza pokazala je da je prediktivni model statistički značajan ($R = .731$, $R^2 = .535$, $F(14, 548) = 44.99$, $p < .001$).

Značajni prediktori su:
interpersonalne veštine($\beta = .260$), odnosi nastavnik–učenik ($\beta = .118$), odnosi sa drugim učenicima ($\beta = .082$), pozitivne bihejvioralne tehnike disciplinovanja ($\beta = .148$), tehnike disciplinovanja koje podstiču SEU ($\beta = .203$), kažnjavajuće tehnike disciplinovanja ($\beta = -.162$) i vršnjačko nasilje ($\beta = -.070$).

4

Zaključak:
Rezultati naglašavaju značaj negovanja podsticajnog školskog okruženja i jačanja socio-emocionalnih kompetencija kao ključnih strategija za unapređivanje osećaja pripadnosti školi kod učenika srednjih škola.

Individual and school-related predictors of sense of school belonging among secondary school students

Marija Trajković, Lidija Bukvić**, Marina Kovačević Lepojević**

**Institute for Educational Research (Belgrade)*

***University of Belgrade – Faculty of Special Education and Rehabilitation*

1

Sense of school belonging refers to the extent to which students feel personally accepted, respected, included, and supported within the school environment.

The aim of study was to examined individual and school-related predictors of students' sense of school belonging.

Sample:

561 secondary school students from Belgrade, aged 14 to 19 (M = 16.4, SD = 1.19), 56% female.

Instruments:

- Psychological Sense of School Membership (Goodenow, 1993; α = .85);
- Delaware School Climate Survey (Bear et al., 2014; reliability coefficients ranged from α = .55 to α = .84).

2

Variables:

Individual predictors:

gender; age; socio-emotional competencies (responsibility, social awareness, self-management of emotions and behavior, relationship skills).

School-related predictors:

teacher–student relationships; student–student relationships; disciplinary practices (positive behavioral, punitive, and social-emotional learning practices); clarity of expectations; fairness of rules; school safety; bullying; respect for diversity.

3

Results:

Multiple regression analysis indicated that the model was statistically significant ($R = .731$, $R^2 = .535$, $F(14, 548) = 44.99$, $p < .001$).

Significant predictors were:

relationship skills (β = .260), teacher–student relationships (β = .118), student–student relationships (β = .082), positive behavioral discipline practices (β = .148), discipline practices promoting social-emotional learning (β = .203), punitive discipline practices (β = -.162), and bullying (β = -.070).

4

Conclusion:

These results highlight the importance of fostering supportive school environments and strengthening students' socio-emotional competencies as key strategies for promoting school belonging in secondary schools.

VALIDACIJA SRPSKE VERZIJE WARWICK–EDINBURGH SKALE MENTALNOG BLAGOSTANJA (WEMWBS)

NA UZORKU NASTAVNIKA OSNOVNIH ŠKOLA

Marina Kovačević Lepojević[1]* (Autor koji prezentuje rad), Marija Trajković[1], Ana Paraušić Marinković[2], Lidija Bukvić[3], Dragana Bogićević[3], Branislava Popović-Ćitić[3]

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UVOD

- Mentalno blagostanje obuhvata i hedoničke (pozitivne emocije, životno zadovoljstvo) i eudaimoničke (pozitivno funkcionisanje, autonomija, lični razvoj) dimenzije.
- Warwick–Edinburgh skala mentalnog blagostanja (WEMWBS) je kratka, pozitivno formulisana mera koja se široko koristi u međunarodnim istraživanjima.
- Iako je validirana u brojnim zemljama, psihometrijske evaluacije srpske verzije do sada nisu sprovedene.
- Pouzdana procena blagostanja nastavnika posebno je važna u Srbiji zbog savremenih obrazovnih, društvenih i javnozdravstvenih izazova.

CILJ

Validirati srpsku verziju WEMWBS i ispitati njene psihometrijske karakteristike na uzorku nastavnika osnovnih škola.



UZORAK I PROCEDURA

- N = 817 nastavnika
- 84,8% žena
- Uzrast: 23–64 godine
  M = 45,56 (SD = 9,35)
- Prosečno radno iskustvo u obrazovanju:
  M = 18,40 (SD = 9,83)

ADAPTACIJA SKALE

- ✓ Prevod sa engleskog jezika od strane dvojice nezavisnih prevodilaca
- ✓ Think-aloud procedura (N = 5)
- ✓ Povratni prevod od strane drugog dvojezičnog prevodiaor

Podaci prikupljeni putem online ankete (Google Forms).
Februar – april 2021.

POUZDANOST

VISOKA INTERNA KONZISTENTNOST

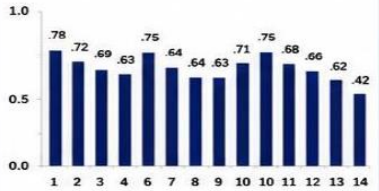
Cronbach α	McDonald ω
.91	.92

FAKTORSKA STRUKTURA

INDEKSI PRILAGODENOSTI JEDNOFAKTORSKOG MODELA

χ^2 (77)	632,72
CFI	.90
TLI	.84
RMSEA	.094
SRMR	.06

STANDARDIZOVANA FAKTORSKA OPTEREĆENJA (WEMWBS STAVKE)



Opseg faktorskih opterećenja: .42 – .76
(Sve stavke značajne pri $p < .001$)

EKSTERNA VALIDNOST (KORELACIJE SA POVEZANIM KONSTRUKTIMA)

SAGOREVANJE NA POSLU (OBI)

- Ukupan skor sagorevanja (OBI) $r = -.510^{***}$

*** $p < .001$

STRATEGIJE SUOČAVANJA (Brief COPE)

- Problem-fokusirano suočavanje $r = .116^{**}$
- Emocionalno-fokusirano suočavanje $r = -.006$
- Izbegavajuće suočavanje $r = -.259^{***}$

** $p < .01$, *** $p < .001$

ZAKLJUČAK

- Srpska verzija WEMWBS pokazala je veoma dobru pouzdanost (α = .91; ω = .92) i zadovoljavajuću konstrukt validnost.
- Jednofaktorska struktura, visoka interna konzistentnost i očekivane povezanosti sa sagorevanjem na poslu i strategijama suočavanja pružaju jake empirijske dokaze o adekvatnim psihometrijskim karakteristikama skale.
- Skala predstavlja koristan instrument za istraživanja, praćenje blagostanja nastavnika i razvoj preventivnih i promotivnih programa mentalnog zdravlja.

KONTAKT

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INSTRUMENT – WEMWBS

- 14 pozitivno formulisanih stavki
- Likert skala od 1 – Nikad do 5 – Uvek
- Ukupan skor: 14 – 70
- Viši skor = veće mentalno blagostanje



WEMWBS obuhvata pozitivne emocije, životno zadovoljstvo, pozitivno funkcionisanje, autonomiju, lični razvoj i dobre međuljudske odnose.

SKRAĆENICE

WEMWBS – Warwick–Edinburgh skala mentalnog blagostanja
OBI – Oldenburg Burnout Inventor
Brief COPE – Skraćeni upitnik strategija suočavanja
CFA – Konfirmatorna faktorska analiza
CFI – Komparativni indeks prilagodenosti
TLI – Tucker–Lewis indeks
RMSEA – Srednja kvadratna greška aproksimacije
SRMR – Standardizovana srednja kvadratna rezidualna vrednost

LITERATURA

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- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2000). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512.

VALIDATION OF THE SERBIAN VERSION OF THE WARWICK–EDINBURGH MENTAL WELLBEING SCALE (WEMWBS) IN A SAMPLE OF PRIMARY SCHOOL TEACHERS

Marina Kovačević Lepojević[1]* (Presenting), Marija Trajković[1], Ana Paraušić Marinković[2], Lidija Bukvić[3], Dragana Bogićević[3], Branislava Popović-Ćitić[3]

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INTRODUCTION

- Mental wellbeing encompasses hedonic (positive emotions, life satisfaction) and eudaimonic (positive functioning, autonomy, personal growth) dimensions.
- The Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) is a brief, positively worded measure widely used in international research.
- It has been validated in a number of countries, but psychometric evaluation of the Serbian version has been lacking.
- Reliable assessment of teachers' mental wellbeing is important in Serbia, given various educational, social and public health challenges.

AIM

To validate the Serbian version of WEMWBS and examine its psychometric properties in a sample of primary school teachers.



SAMPLE AND PROCEDURE

- N = 817 teachers
- 84.8% female
- Age: 23–64 years M = 45.56 (SD = 9.35)
- Work experience in education: M = 18.40 (SD = 9.83)

SCALE ADAPTATION

- ✓ Translation from English by two independent translators
- ✓ Think-aloud procedure (N = 5)
- ✓ Back-translation by another independent translator

Data collected via online survey (Google Forms). February – April 2021.

RELIABILITY

HIGH INTERNAL CONSISTENCY

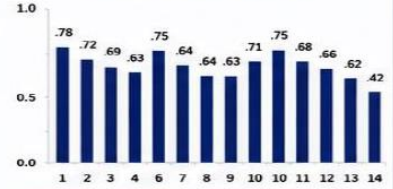
Cronbach's α	McDonald's ω
.91	.92

FACTOR STRUCTURE

FIT INDICES FOR THE ONE-FACTOR MODEL

χ^2 (77)	632.72
CFI	.90
TLI	.84
RMSEA	.094
SRMR	.06

STANDARDIZED FACTOR LOADINGS (WEMWBS ITEMS)



Range of factor loadings: .42 – .76 (All loadings significant at $p < .001$)

EXTERNAL VALIDITY (CORRELATIONS WITH RELATED CONSTRUCTS)

JOB BURNOUT (OBI)

- Total burnout score (OBI) $r = -.510^{***}$

*** p < .001

COPING STRATEGIES (Brief COPE)

- Problem-focused coping $r = .116^{**}$
- Emotion-focused coping $r = -.006$
- Avoidant coping $r = -.259^{***}$

** p < .01, *** p < .001

CONCLUSION

- The Serbian version of WEMWBS demonstrated very good reliability (α = .91; ω = .92) and satisfactory construct validity.
- One-factor structure, high internal consistency, and expected associations with burnout and coping strategies provide empirical evidence of the scale's adequacy.
- The scale can be used in research, monitoring of teacher wellbeing, and development of preventive and promotive mental health programs.

CONTACT

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INSTRUMENT – WEMWBS

- 14 positively worded items
- Likert scale from 1 – Never to 5 – Always
- Total score: 14 – 70
- Higher score = higher mental wellbeing

WEMWBS captures positive emotions, life satisfaction, positive functioning, autonomy, personal growth, and good interpersonal relationships.

ABBREVIATIONS

WEMWBS – Warwick–Edinburgh Mental Wellbeing Scale
OBI – Oldenburg Burnout Inventory
Brief COPE – Brief COPE Inventory
CFA – Confirmatory Factor Analysis
CFI – Comparative Fit Index
TLI – Tucker–Lewis Index
RMSEA – Root Mean Square Error of Approximation
SRMR – Standardized Root Mean Square Residual

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- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92–100.
- Hegarty, K., & Buchanan, J. (2021). The Brief COPE: Examination of reliability and factor structure. PLOS ONE, 16(2), e0246291.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2000). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512.

VRŠNJAČKA EDUKACIJA KAO DEO ŠKOLSKE PREVENTIVNE PRAKSE: NALAZI IZ SREDNJIH ŠKOLA U SRBIJI

Vesna Popović, Marija Jovanović Stojaković
CEPORA - Centar za pozitivan razvoj dece i omladine

1 Polazna osnova

- Savremena prevencijska nauka sve više ističe značaj **školskih i vršnjački vođenih intervencija** usmerenih na jačanje zaštitnih faktora, razvoj socioemocionalnih kompetencija i podsticanje prosocijalnog ponašanja kod adolescenata.

2 Cilj

- Ispitati **iskustva u sprovođenju i nalaze evaluacije** preventivnog programa zasnovanog na vršnjačkoj edukaciji, realizovanog u srednjim školama u Beogradu.

3 Pregled programa

2017–2022

- CEPORA u saradnji sa srednjim školama
- 5.800+ učenika
- 350+ vršnjačkih edukatora
- 350+ realizovanih radionica
- 50+ uključenih škola

Tematske oblasti:

- Prevencija govora mržnje
- Rodna ravnopravnost
- Bezbednost u saobraćaju

4 Metod

Sekundarna analiza evaluacionih podataka prikupljenih putem:

- Upitnika za učesnike programa
- Intervjua sa školskim osobljem
- Kvalitativne dokumentacije o iskustvima učesnika

Fokus analize

- Vernost implementacije programa
- Responsivnost učesnika
- Prihvatljivost vršnjački vođenog modela realizacije

5 Ključni nalazi

- Visok nivo **aktivnog učešća učenika**
- **Pozitivne procene** sadržaja i metoda rada korišćenih tokom radionica
- Preventivni sadržaji i poruke procenjivani su kao **uverljiviji** i **relevantniji** kada su ih prenosili vršnjaci
- Unapređene **komunikacione, prezentacione i facilitatorske kompetencije** vršnjačkih edukatora

6 Zaključak

Vršnjački vođeni pristupi predstavljaju značajnu komponentu savremene prevencije u školi. Njihova primena doprinosi participativnom i interaktivnom preventivnom radu sa adolescentima.

PEER EDUCATION AS A SCHOOL-BASED PREVENTION PRACTICE: FINDINGS FROM SECONDARY SCHOOLS IN SERBIA

Vesna Popović, Marija Jovanović Stojaković
CEPORA - Center for Positive Youth Development

1 Background

- Contemporary prevention science increasingly emphasizes **school-based** and **peer-led** approaches aimed at strengthening protective factors, social competencies, and prosocial behaviors among adolescents.

2 Aim

- To examine **implementation experiences and evaluation findings** from a **peer-led prevention program** conducted in secondary schools in Belgrade.

3 Program overview

2017–2022

- CEPORA in cooperation with secondary schools
- 5,800+ students
- 350+ peer educators
- 350+ workshops
- 50+ schools

Topics:

- Hate speech prevention
- Gender equality
- Traffic safety

4 Method

Secondary analysis of evaluation data collected through:

- Participant questionnaires
- Interviews with school staff
- Qualitative records of participant experiences

Focus:

- Implementation
- Participant responsiveness
- Acceptability of peer-led delivery

5 Key findings

- High **student engagement**
- **Positive perceptions** of workshop activities
- Preventive messages perceived as more **credible** when delivered by peers
- **Improved communication and facilitation skills** among peer educators

6 Conclusion

Peer-led approaches represent a valuable component of contemporary school-based prevention practice and support participatory and interactive prevention work with adolescents.

Ponovna integracija u osnovno obrazovanje mladih koji su ispali iz sustava osnovnoškolskog odgoja i obrazovanja:

REZULTATI VIŠESTRUKE STUDIJE SLUČAJA KAO TEMELJ ZA RAZVOJ CILJANIH INTERVENCIJSKIH MODELA

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PREVREG 2026
1. regionalna konferencija
10.–11. lipnja 2026. | Zagreb
Sveučilište u Zagrebu
Edukacijsko-rehabilitacijski fakultet

UVOD

4608 mladih u dobi od 16 do 30 godina u Hrvatskoj nema završeno osnovno obrazovanje
(Državni zavod za statistiku, Popis stanovništva iz 2021.)

Ranjive populacije mladih:
- Mladi u sustavu skrbi te mladi s problemima u ponašanju i u sukobu sa zakonom *(Tardelli, 2023)*.
- Mladi iz romskih obitelji *(Kunac, Klasnić i Lalić, 2018)*.

Ključni okolišni rizici: Odrastanje u siromaštvu i lošim uvjetima, neobrazovanost roditelja *(Burušić i sur., 2010; Ratkajec Gašević i Horvat, 2022)*.

Posljedice ranog ispadanja: povećani rizici zadržavanja u siromaštvu, visoka nezaposlenost i socijalna isključenost *(Ogresta, 2023)*.

CILJ ISTRAŽIVANJA

Istražiti procese ispadanja iz sustava osnovnoškolskog odgoja i obrazovanja kao i ponovnog uključivanja u osnovno obrazovanje odraslih te identificirati ključne rizične i zaštitne čimbenike kao i intervencije koje doprinose uspješnoj reintegraciji.

Analiza je obuhvatila:
- procese ispadanja i ponovnog uključivanja;
- rizične i zaštitne čimbenike;
- opis intervencija i iskustva podrške.

METODA

🔍 Višestruka studija slučaja
👥 5 mladih osoba i stručnjaci uključeni u njihovu podršku

REZULTATI I RASPRAVA

Ispadanje iz osnovne škole je rijetko samo trenutačni događaj (kao što je u slučaju preseljenja); češće je dugotrajni proces akumulacije rizika (izostanci, školski neuspjeh, nedostatak podrške).

Ponovno uključivanje potaknuto je dostupnosti, postojanjem podrške te unutarnjom motivacijom ili vanjskim usmjeravanjem (institucionalni poticaj).

RIZIČNI ČIMBENICI ZA ISPADANJE IZ OSNOVNE ŠKOLE

- 🏚️🚪 Siromaštvo i loši uvjeti života i stanovanja;
- 👪📉 Nedostatak obiteljskih kapaciteta za podršku u obrazovanju zbog neobrazovanosti odraslih u okolini i usmjerenosti na aktivnosti zarade koja omogućava preživljavanje;
- U okolini se dob od 15 godina prepoznaje kao dob završetka uključenosti u obrazovanje.

↓
Izostanci i slab školski uspjeh
↓
Nedostatak podrške i adekvatnih intervencija
↓
Proces ispadanja iz škole
↓
Proces uključivanja u osnovno obrazovanje odraslih

ZAŠTITNI ČIMBENICI ZA USPJEŠNU REINTEGRACIJU U OSNOVNO OBRAZOVANJE ODRASLIH

🏫 Dostupnost i prilagođenost programa;
🤝 Podrška u obitelji ili okolini.

STUDIJE SLUČAJA

S1
Mlada Romkinja iz Zagreba s teškoćama u razvoju i učenju, koja odrasta u siromaštvu i bez adekvatne obiteljske podrške za obrazovanje. Uz pomoć organizacija civilnog društva upisuje osnovno obrazovanje odraslih, ali ga prekida i uključuje se u rad.

S2
Mladi Rom iz Zagreba koji odrasta u siromaštvu. Napušta osnovnu školu s 15 godina, upisuje osnovno obrazovanje odraslih, ali ga prekida te se uključuje u obiteljske aktivnosti zarade i osniva vlastitu obitelj.

S3
Mlada djevojka iz okolice Koprivnice koja prekida osnovnu školu zbog preseljenja u Njemačku, gdje pohađa obrazovni program za strance. Po povratku u Hrvatsku, uz podršku obitelji, upisuje osnovno obrazovanje odraslih te ga uspješno završava.

S4
Mladić iz okolice Čakovca koji napušta osnovnu školu nakon vršnjačkog nasilja i počinje raditi. Po prestanku radnog angažmana, uz podršku obitelji, uspješno se uključuje u osnovno obrazovanje odraslih.

S5
Mlada Romkinja iz okolice Varaždina koja napušta osnovnu školu pod utjecajem vršnjaka i zdravstvenih teškoća. Uz podršku obitelji, civilnog društva i poslodavke uspješno se uključuje u osnovno obrazovanje odraslih.

ZAKLJUČAK

- Uspješna reintegracija u osnovno obrazovanje nije rezultat jednog čimbenika, već njihove kombinacije te dostupnosti programa osnovnog obrazovanja odraslih.
- U studijama slučaja pokazalo se da su uspješno reintegrirani u osnovno obrazovanje odraslih oni koji imaju obiteljsku podršku i to uglavnom oni čiji roditelji su i sami završili srednju školu i koji su zaposleni.
- Za mlade u skrbi sustav brine o dostupnosti i uključivanju u osnovno obrazovanje.
- Sustav nije uspio osigurati dostatne mjere podrške za romske učenike koji odrastaju u siromaštvu uz neobrazovane i socijalo isključene roditelje. Podržavajući odnosi i obiteljski kapaciteti za podršku pojavljuju se kao zajednički elementi uspješne obrazovne reintegracije.
- Dobiveni nalazi ukazuju na potrebu za razvojem ciljanih intervencija sustava za prevenciju ispadanja i podršku u uspješnom završetku osnovnog obrazovanja, osobito za mlade Rome i mlade bez adekvatne obiteljske podrške koji odrastaju u uvjetima socijalne isključenosti.

ŠTO DJELUJE?
✓ Rano prepoznavanje rizika i osiguravanje podrške
✓ Suradnja sustava s obitelji i međuresorna suradnja
✓ Ciljane i prilagođene intervencije koje odgovaraju i na okolinske čimbenike

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Reintegration Into Primary Education Of Young People Who Have Dropped Out Of The Education System:

FINDINGS FROM A MULTIPLE CASE STUDY AS A BASIS FOR DEVELOPING TARGETED INTERVENTION MODELS

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PREVREG 2026
1st Regional Conference
10–11 June 2026 | Zagreb
University of Zagreb, Faculty of Education and Rehabilitation Sciences

INTRODUCTION

4608 young people aged 16–30 in Croatia have not completed primary education
(Croatian Bureau of Statistics, 2021 Census).

Vulnerable groups of young people:
- Youth in care and those with behavioural difficulties or in conflict with the law *(Tardelli, 2023)*.
- Youth from Roma families *(Kunac, Klasnić, & Lalić, 2018)*.

Key environmental risk factors: growing up in poverty and poor livin conditions, and low parental educational attainment *(Burušić et al., 2010; Ratkajec Gašević & Horvat, 2022)*.

Consequences of early school leaving include an increased risk of persistent poverty, unemployment, and social exclusion *(Ogresta, 2023)*.

AIM OF THE STUDY

To explore the processes of dropping out of the primary education system and re-entering adult primary education, and to identify key risk and protective factors, as well as interventions that contribute to successful educational reintegration.

The analysis focused on:
- dropout and re-engagement processes;
- risk and protective factors;
- interventions and experiences of support.

METHOD

🔍 Multiple case study
👤 Five young people and supporting professionals

FINDINGS AND DISCUSSION

Leaving primary education is rarely a single event (except in specific circumstances such as relocation); more often, it is a gradual process involving the accumulation of risks, including absenteeism, poor academic achievement, and a lack of support.

Re-engagement was facilitated by programme availability, access to support, and either personal motivation or external encouragement from institutions.

RISK FACTORS FOR DROPPING OUT OF PRIMARY EDUCATION

- 🏚️🚨 Poverty and poor living and housing conditions;
- 👪📉 Limited family capacity to support education due to low educational attainment among adults and a focus on income-generating activities necessary for survival;
- In some communities, the age of 15 is perceived as the point at which participation in education ends.

↓
Absenteeism and poor academic achievement
↓
Lack of support and adequate interventions
↓
Process of leaving education
↓
Entry into adult primary education

PROTECTIVE FACTORS FOR SUCCESSFUL REINTEGRATION INTO ADULT PRIMARY EDUCATION

🏫 Availability and accessibility of programmes;
🤝 Support from family and the wider social environment.

CASE STUDIES

C1
Young Roma woman from Zagreb with developmental and learning difficulties, growing up in poverty and without adequate family support for education. With support from civil society organisations, she enrolled in adult primary education but later dropped out and entered employment.

C2
Young Roma man from Zagreb growing up in poverty. He left primary school at age 15, enrolled in adult primary education, but later dropped out and became involved in family income-generating activities and started his own family.

C3
Young woman from a rural community in the Koprivnica area who left primary school due to relocation to Germany, where she attended an educational programme for foreign learners. Upon returning to Croatia, she enrolled in adult primary education with family support and successfully completed the programme.

C4
Young man from a rural community in the Čakovec area who left primary school following experiences of peer violence and entered employment. After his employment ended, he successfully enrolled in adult primary education with support from his family.

C5
Young Roma woman from a rural community in the Varaždin area who left primary school due to peer influence and health difficulties. With support from her family, civil society organisations, and employer, she successfully enrolled in adult primary education.

CONCLUSION

- Successful reintegration into primary education is not the result of a single factor but rather of a combination of factors, together with the availability of adult primary education programmes.
- The case studies indicate that successful reintegration was more common among young people who had family support, particularly where parents had completed secondary education and were employed.
- For youth in care, the system generally ensures access to and participation in primary education.
- The system has been less successful in providing adequate support for Roma students growing up in poverty with uneducated and socially excluded parents. Supportive relationships and family capacity emerged as common elements of successful educational reintegration.
- The findings highlight the need for targeted systemic interventions aimed at preventing dropout and supporting successful completion of primary education, particularly among Roma youth and young people growing up in conditions of social exclusion without adequate family support.

WHAT WORKS?
✓ Early identification of risk factors and support interventions
✓ Collaboration between services, families, and sectors
✓ Targeted and tailored interventions that address both individual and environmental factors

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Ratkajec Gašević, G., & Horvat, M. (2022). Supporting Young People at Risk of Dropping Out of the System. In A. Zovko, N. Vukelić, & I. Miošić (Eds.), Towards Post-Pandemic Education (pp. 52–88). University of Rijeka.
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Preventivni aspekti postojeće prakse i resursa sustava zdravstva u radu s djecom i mladima u alternativnoj skrbi s poteškoćama mentalnog zdravlja: doživljaj socijalnih radnika

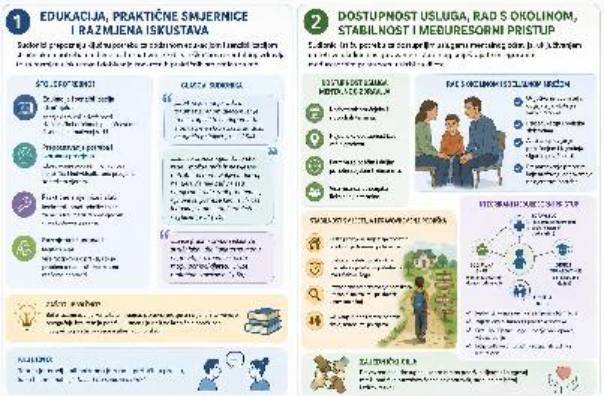
prof. dr. sc. *Maja Laklija*
Sveučilište u Zagrebu, Pravi fakultet, Studijski centar socijalnog rada , e-mail: maja.laklija@pravo.hr
Lorena Kodba
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UVOD: Prevencija mentalnog zdravlja djece u alternativnoj skrbi predstavlja važno, ali nedovoljno razvijeno područje djelovanja u Republici Hrvatskoj. Djeca koja odrastaju izvan biološke obitelji često su izložena višestrukim rizičnim čimbenicima, uključujući prekide u privrženosti, iskustva gubitka i nestabilnost životnih okolnosti, što povećava njihovu ranjivost za razvoj poteškoća mentalnog zdravlja. Sukladno tome, preventivni pristupi trebaju zauzimati središnje mjesto u planiranju i provedbi intervencija usmjerenih na ovu populaciju.

CILJ RADA je prikazati kako socijalni radnici zaposleni u sustavu zdravstva doživljavaju postojeću praksu i resurse sustava potrebne za osiguravanje kvalitetne usluge/podrške djeci i mladima u alternativnoj skrbi koja imaju poteškoće mentalnog zdravlja, te identificirati analizirati ključne pretpostavke za razvoj učinkovitih preventivnih praksi u području mentalnog zdravlja djece u alternativnoj skrbi.

SUDIONICI ISTRAŽIVANJA su socijalni radnici/e zaposleni/e u zdravstvenim ustanovama u Republici Hrvatskoj (N=6) čiji opis poslova uključuje kontakt s djecom iz alternativne skrbi.

METODA PRIKUPLJANJA I OBRADE PODATAKA - Podaci su se prikupljali polustrukturiranim intervjuom. Prikupljeni podaci obrađeni su metodom tematske analize.



ZAKLJUČAK: Rezultati ukazuju na to da, unatoč postojećem znanju i senzibiliziranosti stručnjaka, preventivni pristupi u praksi često ostaju u drugom planu, dok prevladavaju intervencije usmjerene na već razvijene poteškoće. Kao ključni izazovi izdvajaju se fragmentiranost i nedovoljna povezanost sustava, ograničeni resursi, neravnomjerna dostupnost usluga te izostanak kontinuirane i koordinirane podrške djeci, udomiteljima i stručnjacima koji skrbe za njih. Istodobno se naglašava važnost jačanja zaštitnih čimbenika kroz razvoj stabilnih odnosa, dostupnih i prilagođenih usluga, osnaživanje skrbnika te kontinuiranu edukaciju stručnjaka. Zaključno, unaprjeđenje prevencije mentalnog zdravlja djece u alternativnoj skrbi zahtijeva sustavan, interdisciplinaran i proaktivan pristup. Razvoj integriranih i dostupnih preventivnih programa, unaprjeđenje međuresorne suradnje te kontinuirana edukacija stručnjaka predstavljaju ključne preduvjete za ublažavanje djelovanja čimbenika rizika i poticanje pozitivnih razvojnih ishoda ove skupine djece.

Preventive Aspects of Existing Healthcare System Practices and Resources in Work with Children and Young People in Alternative Care with Mental Health Difficulties: Social Workers' Perspectives

prof. dr. sc. *Maja Laklija*
University of Zagreb, Faculty of Law, Study Centre of Social Work, *e-mail: maja.laklija@pravo.hr*
Lorena Kodba
Croatian Institute for Social Work, Dubrava Regional Office, Zagreb, *e-mail: lorena.kodba@socskrb.hr*

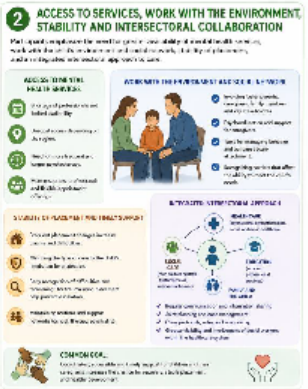
INTRODUCTION: Prevention of mental health difficulties among children in alternative care represents an important yet insufficiently developed area of practice in the Republic of Croatia. Children growing up outside their biological families are often exposed to multiple risk factors, including disruptions in attachment, experiences of loss, and instability in life circumstances, which increase their vulnerability to the development of mental health difficulties. Accordingly, preventive approaches should occupy a central role in the planning and implementation of interventions aimed at this population.

THE AIM OF THE PAPER is to present how social workers employed within the healthcare system perceive the existing practice and system resources necessary for providing quality services/support to children and young people in alternative care who experience mental health difficulties, as well as to identify and analyze the key prerequisites for the development of effective preventive practices in the field of mental health of children in alternative care.

RESEARCH PARTICIPANTS were social workers employed in healthcare institutions in the Republic of Croatia (N=6) whose job descriptions include contact with children in alternative care.

DATA COLLECTION AND ANALYSIS METHOD – Data were collected through semi-structured interviews. The collected data were analyzed using the thematic analysis method.





CONCLUSION: The results indicate that, despite the existing knowledge and sensitivity of professionals, preventive approaches in practice often remain secondary, while interventions are primarily focused on already developed difficulties. Key challenges identified include the fragmentation and insufficient interconnectedness of systems, limited resources, unequal availability of services, and the absence of continuous and coordinated support for children, foster carers, and professionals involved in their care. At the same time, the importance of strengthening protective factors through the development of stable relationships, accessible and tailored services, empowerment of caregivers, and continuous professional education is emphasized. In conclusion, improving the prevention of mental health difficulties among children in alternative care requires a systematic, interdisciplinary, and proactive approach. The development of integrated and accessible preventive programs, enhancement of intersectoral cooperation, and continuous education of professionals represent key prerequisites for mitigating the effects of risk factors and promoting positive developmental outcomes for this group of children.

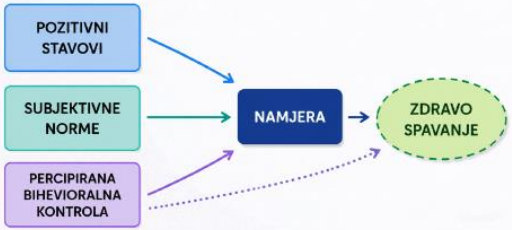
Navike spavanja i spremnost na promjenu: testiranje modela Teorije planiranog ponašanja kod studenata u RH

Petak, Ana; Korać, Dora; Brajković, Lovorka; Kopilaš, Vanja

Sveučilište u Zagrebu Fakultet hrvatskih studija, Odsjek za psihologiju

UVOD

- razdoblje studiranja – narušeno **mentalno zdravlje** i **loša kvaliteta sna**
- preventivni potencijal dobrog sna u prevenciji problema mentalnog zdravlja
- Temelj: **Teorija planiranog ponašanja - TPP (Ajzen, 1999)**



CILJ i PROBLEMI

- Opisati **navike spavanja** studenata
- Ispitati **doprinos konstrukata TPP** u
  - predviđanju kvalitete sna i
  - namjere promjene ponašanja povezanih sa spavanjem

METODA

Ispitanici:

- N = **267** → 202 ž; **18-29 god** (M = 21.37, sd = 1.65), studenti RH

Instrumenti:

- Pittsburgh Sleep Quality Index- **PSQI** (Buysse i sur., 1988)
- Sleep Hygiene Index - **SHI** (Mastin i sur., 2006)
- Dysfunctional Beliefs and Attitudes about Sleep - **DBAS** (Morin i sur., 1993)
- Konstrukti Teorije planiranog ponašanja - **TPB-S** (Knowlden, 2011)

Postupak

- svibanj, 2026, *online*

REZULTATI



PREDVIĐANJE KVALITETE SNA i NAMJERE PROMJENE PONAŠANJA

Hijerarhijska regresijska analiza

	Kriterij: Kvaliteta sna	Kriterij: Namjera
R^2 ukupno	48.2%	40.0%
Posljednji korak:	β	β
Stavovi	.195	.228**
Disfunkc. uvjerenja	.246**	.217**
Subjektivne norme	- .062	.092
Higijena sna	.284**	-.115
Količina sna	- .189**	.145**
Percipirana kontrola	- .338**	.133*
Kvaliteta sna		- .237*

Zaključno:

- **Intervencije**: promjene u uvjerenjima o spavanju, znanju i percepciji kontrole nad ponašanjima za poboljšanje KS
- **Prevencija**: rad na stavovima i uvjerenjima prije implementacije preventivnih mjera

Kontakt: apetak@fhs.hr

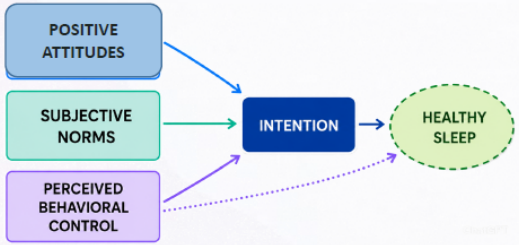
Sleep Habits and Intention to Change Behavior: Testing the Theory of Planned Behavior Model Among University Students

Petak, Ana; Korać, Dora; Brajković, Lovorka; Kopilaš, Vanja

University of Zagreb Faculty of Croatian Studies, Department of Psychology

INTRODUCTION

- the academic years: **poor mental health** and impaired **sleep quality**
- The preventive role of sleep quality in mental health problems
- **Theory of Planned Behavior - TPB (Ajzen, 1999)**



AIM

- to describe **sleep habits** among university students
- to examine contribution of TPB components in:
  - predicting sleep quality
  - predicting intention to change behaviors related to sleep

METHODS

Participants:

- N = **267** → 202 f; **18-29** (M = 21.37, sd = 1.65), university students in Croatia

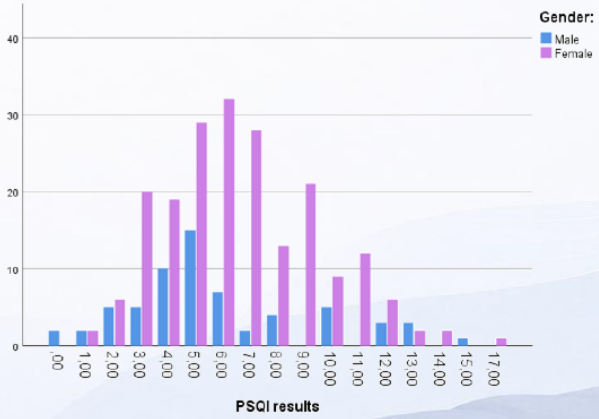
Measures:

- Pittsburgh Sleep Quality Index- **PSQI** (Buysse i sur., 1988)
- Sleep Hygiene Index - **SHI** (Mastin i sur., 2006)
- Dysfunctional Beliefs and Attitudes about Sleep - **DBAS** (Morin i sur., 1993)
- Konstrukti Teorije planiranog ponašanja - **TPB-S** (Knowlden, 2011)

Procedure:

- May, 2026, *online*

RESULTS



PREDICTING SLEEP QUALITY AND INTENTION TO CHANGE

Hierarhic regression analyses

	Dependent v.: Sleep Quality	Dependent v.: Intention
R^2 total	48.2%	40.0%
Last model:	β	β
Attitudes	.195	.228**
Dysfunctional beliefs	.246**	.217**
Subjective norms	- .062	.092
Sleep Hygiene	.284**	-.115
Amount of sleep	- .189**	.145**
Perceived control	- .338**	.133*
Sleep Quality		- .237*

Conclusion:

- **Interventions:** changes in beliefs about sleep, knowledge, and perceived control to improve sleep quality
- **Prevention:** working on attitudes and beliefs prior to the implementation of preventive measures

Contact: apetak@fhs.hr

Od depresije do funkcionalnosti: Medijacijska uloga socijalne podrške

Medijacijski model otpornosti, strategija suočavanja sa stresom i percipirane socijalne podrške u objašnjenju socijalnog funkcioniranja oboljelih od depresije

Mirta Vranko[1], Martina Ferić[2], Petrana Brečić[1]

Klinika za psihijatriju Vrapče,[2] Edukacijsko-rehabilitacijski fakultet Sveučilišta u Zagrebu

SAŽETAK & CILJ

Depresija je povezana sa značajnim teškoćama u socijalnom funkcioniranju, no mehanizmi putem kojih zaštitni faktori doprinose funkcionalnim ishodima ostaju nedovoljno shvaćeni. Cilj ove studije bio je ispitati doprinos individualnih faktora otpornosti, percipirane socijalne podrške i strategija suočavanja sa stresom u objašnjavanju socijalnog funkcioniranja oboljelih od depresije, s posebnim naglaskom na njihove potencijalne medijacijske uloge.

METODOLOGIJA

- Klinički uzorak oboljelih od depresije (N 310)
- Presječni dizajn
- BDI-II, MSPSS, CD-RISC, COPE, SFQ, ACE
- Hijerarhijska regresija
- Korelacijske i regresijske analize provedene su kao preliminarni koraci za identifikaciju značajnih povezanosti među varijablama studije.
- Nakon toga provedene su medijacijske analize kako bi se ispitali mehanizmi putem kojih zaštitni faktori doprinose socijalnom funkcioniranju kod depresije.

Sudionici



KONCEPTUALNI MODEL



KLJUČNI NALAZI

- Više razine depresije bile su povezana s lošijim socijalnim funkcioniranjem.
- Samo se percipirana socijalna podrška pojavila kao značajan medijator između depresije i socijalnog funkcioniranja oboljelih od depresije.
- Više nepovoljnih iskustava iz djetinjstva bilo je povezano s lošijim socijalnim funkcioniranjem.
- Otpornost, socijalna podrška i strategije suočavanja bili su značajno povezani s funkcioniranjem.

Tablica 1. Povezanost loše kvalitete funkcioniranja oboljelih od depresije, razine depresije, individualne otpornosti, percipirane socijalne podrške i strategija suočavanja sa stresom te moderatorskih varijabli: Pearsonovi koeficijenti korelacije

	1	2	3	4	5	6	7
Lota kvalitete funkcioniranja u depresiji (1)							
Depresija (2)	0,63***						
Otpornost (3)	-0,54***	-0,67***					
Socijalna podrška (4)	-0,40***	-0,40***	0,41***				
Proaktivne strategije suočavanja sa stresom (5)	-0,35***	-0,33***	0,63***	0,30***			
Depresija x Otpornost (6)	0,06	-0,04***	-0,10*	-0,08	-0,07		
Depresija x Socijalna podrška (7)	0,01	-0,01	-0,07	0,16**	-0,02	0,55***	
Depresija x Proaktivne strategija suočavanja sa stresom (8)	0,03	-0,01	-0,07	-0,02	-0,04	0,71***	0,39***

Tablica 2. Testiranje moderacijskog učinka individualne otpornosti, socijalne podrške i proaktivnih strategija suočavanja sa stresom na odnos depresije i kvalitete funkcioniranja u depresiji: Rezultati regresijske analize

	β	*Multivarijatna povezanost*	*Testiranje značajnosti R*
Depresija	0,48***	R = 0,67	
Otpornost	-0,11	$R^2 = 0,48$	$F_{7, 289} = 34,14$; $p < 0,001$
Socijalna podrška	-0,13**	$R^2_{adj} = 0,44$	
Proaktivne strategije suočavanja sa stresom	-0,07		
Depresija x Otpornost	0,07		
Depresija x Socijalna podrška	0,00		
Depresija x Proaktivne strategije suočavanja sa stresom	-0,02		

Tablica 3. Povezanost loše kvalitete funkcioniranja u depresiji, intenziteta nepovoljnih iskustava u djetinjstvu, individualne otpornosti, socijalne podrške i proaktivnih strategija suočavanja sa stresom te moderatorih varijabli: Pearsonovi koeficijenti korelacije

	1	2	3	4	5	6	7
Lota kvalitete funkcioniranja u depresiji (1)							
Nepovoljna iskustva u djetinjstvu (2)	0,27***						
Otpornost (3)	-0,54***	-0,10*					
Socijalna podrška (4)	-0,39***	-0,25***	0,41***				
Proaktivne strategije suočavanja sa stresom (5)	-0,35***	-0,09	0,63***	0,29***			
Nepovoljna iskustva u djetinjstvu x Otpornost (6)	0,02	-0,16**	0,02	0,06	0,14**		
Nepovoljna iskustva u djetinjstvu x Socijalna podrška (7)	-0,07	-0,22***	0,06	0,10*	0,15**	0,45***	
Nepovoljna iskustva u djetinjstvu x Proaktivne strategije suočavanja sa stresom (8)	-0,09*	-0,20***	0,14**	0,16**	0,15**	0,63***	0,37***

Tablica 4. Testiranje moderacijskog učinka individualne otpornosti, socijalne podrške i proaktivnih strategija suočavanja sa stresom na odnos intenziteta nepovoljnih funkcioniranja u djetinjstvu i loše kvalitete funkcioniranja u depresiji: Rezultati regresijske analize

	β	*Multivarijatna povezanost*	*Testiranje značajnosti R*
Nepovoljna iskustva u djetinjstvu	0,19***	R = 0,61	
Otpornost	-0,45***	$R^2 = 0,37$	$F_{7, 289} = 24,31$; $p < 0,001$
Socijalna podrška	-0,16**	$R^2_{adj} = 0,35$	
Proaktivne strategije suočavanja sa stresom	-0,01		
Nepovoljna iskustva u djetinjstvu x Otpornost	0,10		
Nepovoljna iskustva u djetinjstvu x Socijalna podrška	-0,02		
Nepovoljna iskustva u djetinjstvu x Proaktivne strategije suočavanja sa stresom	-0,02		

IMPLIKACIJE ZA PREVENCIJU

Ovi nalazi ističu središnju ulogu percipirane socijalne podrške kao ključnog mehanizma koji povezuje depresiju i funkcionalne ishode. Rezultati sugeriraju da bi preventivni i intervencijski programi trebali dati prioritet jačanju sustava socijalne podrške kako bi se osnažilo socijalno funkcioniranje oboljelih od depresije.

- ✓ Jačanje mreža socijalne podrške može poboljšati funkcionalne ishode kod depresije
- ✓ Preventivni programi trebali bi biti usmjereni na međuljudsku povezanost uz smanjenje simptoma
- ✓ Socijalna podrška predstavlja obećavajući mehanizam za preventivne intervencije temeljene na dokazima

Scan me

Mirta.vranko@gmail.com

Nisu svi zaštitni čimbenici jednako važni - socijalna podrška pojavila se kao ključni put od depresije do kvalitetnog socijalnog funkcioniranja.

PrevReg Conference, 10. – 11. 6. 2026., Zagreb, Croatia

From Depression to Functioning: The Mediating Role of Social Support

A mediation model of resilience, coping strategies and perceived social support in explaining social functioning in depression

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University Psychiatric Hospital Vrapče,[2] Faculty of Education and Rehabilitation Sciences, University of Zagreb

Klinika za psihijatriju Vrapče
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University Psychiatric Hospital Vrapče

Sveučilište u Zagrebu
Edukacijsko-rehabilitacijski fakultet

BACKGROUND & AIM

Depression is associated with substantial impairments in social functioning, yet the mechanisms through which protective factors contribute to functional outcomes remain insufficiently understood. This study aimed to examine the contribution of individual resilience factors, perceived social support and stress coping strategies in explaining social functioning among individuals diagnosed with depression, with a particular focus on their potential mediating roles.

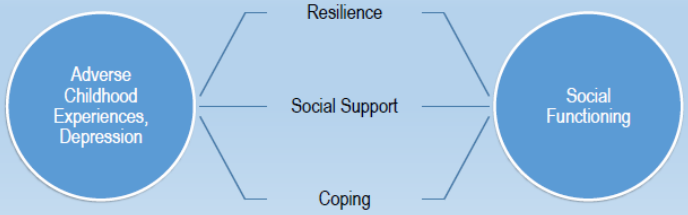
METHODS

- Clinical sample of patients diagnosed with depression (N 310)
- Cross-sectional design
- BDI-II, MSPSS, CD-RISC, COPE, SFQ, ACE
- Hierarchical regression
- Correlation and regression analyses were conducted as preliminary steps to identify significant associations among study variables.

Mediation analyses were subsequently performed to examine the mechanisms through which protective factors contribute to social functioning in depression.



CONCEPTUAL MODEL



KEY FINDINGS

- Higher depression was associated with poorer social functioning.
- Only perceived social support emerged as a significant mediator between depression and social functioning.
- More adverse childhood experiences were associated with poorer social functioning.
- Resilience, social support and coping were significantly related to functioning.

Table 1. Relationship between poor quality of functioning in people with depression, level of depression, individual resilience, perceived social support and coping strategies with stress, and moderator variables: Pearson correlation coefficients

	1	2	3	4	5	6	7
Poor quality functioning - depression(1)							
Depression (2)	0,63***						
Resilience (3)	-0,54***	-0,67***					
Social support(4)	-0,40***	-0,40***	0,41***				
Proactive coping (5)	-0,35***	-0,33***	0,63***	0,30***			
Depression x Resilience (6)	0,06	-0,04***	-0,10*	-0,08	-0,07		
Depression x Social support (7)	0,01	-0,01	-0,07	0,16**	-0,02	0,55***	
Depression x Proactive coping (8)	0,03	-0,01	-0,07	-0,02	-0,04	0,71***	0,39***

Table 2. Testing the moderating effect of individual resilience, social support and proactive stress coping strategies on the relationship between depression and quality of functioning in depression: Results of regression analysis

	β	multivariate correlation	significance testing R
Depression	0,48***	R = 0,67	
Resilience	-0,11	R^2 = 0,48	$F_{7,294}$ = 34,14; p < 0,001
Social support	-0,13**	R^2_{adj} = 0,44	
Proactive coping	-0,07		
Depression x Resilience	0,07		
Depression x Social support	0,00		
Depression x Proactive coping	-0,02		

Table 3. Association between poor quality of functioning in depression, intensity of adverse childhood experiences, individual resilience, social support and proactive stress coping strategies, and moderator variables: Pearson correlation coefficients

	1	2	3	4	5	6	7
Poor quality functioning - depression(1)							
ACE (2)	0,27***						
Resilience (3)	-0,54***	-0,10*					
Social support (4)	-0,39***	-0,25***	0,41***				
Proactive coping (5)	-0,33***	-0,09	0,63***	0,29***			
ACE x Resilience (6)	0,02	-0,16**	0,02	0,06	0,14**		
ACE x Social support (7)	-0,07	-0,22***	0,06	0,10*	0,15**	0,45***	
ACE x Proactive coping (8)	-0,09*	-0,20***	0,14**	0,16**	0,15**	0,63***	0,37***

Table 4. Testing the moderating effect of individual resilience, social support, and proactive stress coping strategies on the relationship between the intensity of adverse childhood functioning and poor quality of functioning in depression: Results of regression analysis

	β	multivariate correlation	significance testing R
ACE	0,19***	R = 0,61	
Resilience	-0,45***	R^2 = 0,37	$F_{7,295}$ = 24,31; p < 0,001
Social support	-0,16**	R^2_{adj} = 0,35	
Proactive coping	-0,01		
ACE x Resilience	0,10		
ACE x Social support	-0,02		
ACE x Proactive coping	-0,02		

IMPLICATIONS FOR PREVENTION

These findings highlight the central role of perceived social support as a key mechanism linking depression and functional outcomes. The results suggest that preventive and intervention programs should prioritize strengthening social support systems in order to mitigate functional impairment in individuals with depression.

- ✓ Strengthening social support networks may improve functional outcomes in depression
- ✓ Prevention programs should target interpersonal connectedness alongside symptom reduction
- ✓ Social support represents a promising mechanism for evidence-based preventive interventions

Not all protective factors matter equally — social support emerged as the key pathway from depression to functioning.

Scan me

Mirta.vranko@gmail.com

PrevReg Conference, 10. – 11. 6. 2026., Zagreb, Croatia

Između podrške i usamljenosti:

Kako kognitivne distorzije i socijalna podrška oblikuju socijalnu i emocionalnu usamljenost

Trbus, Marina & Petak, Ana

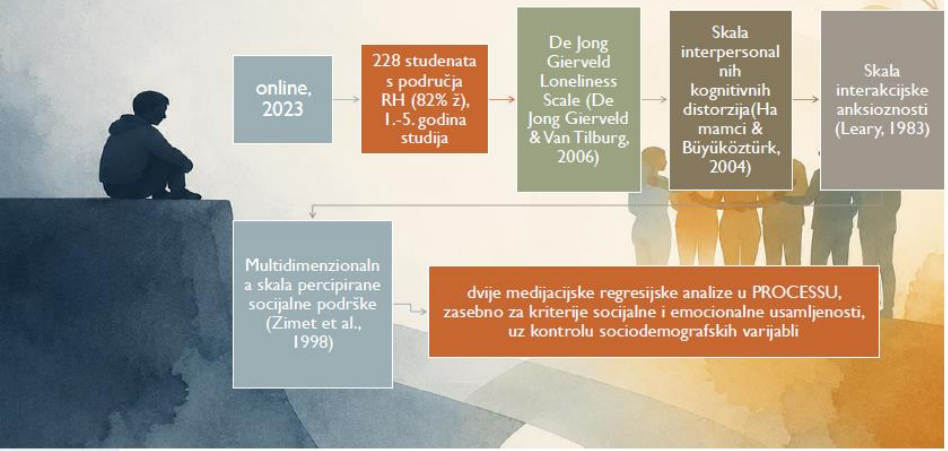
Psihološki centar Kauch, Zagreb, Hrvatska;
Sveučilište u Zagrebu, Fakultet hrvatskih studija, Zagreb, Hrvatska

UVOD

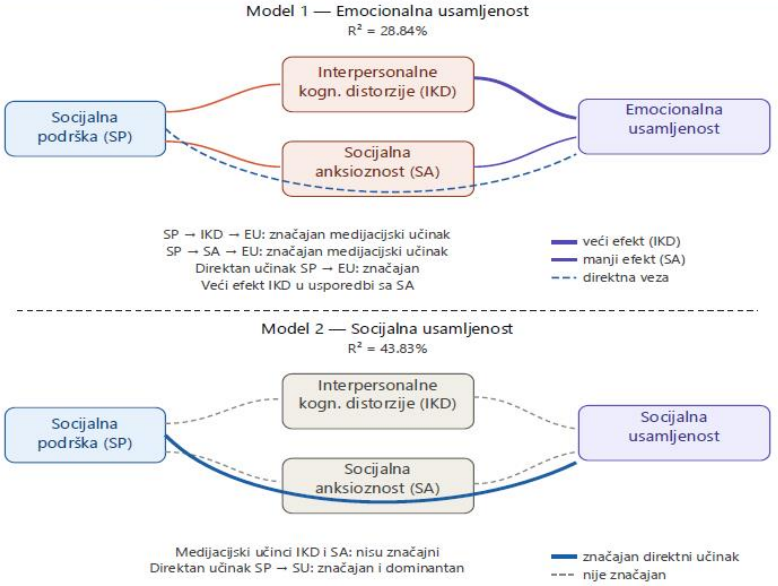
studij – izazovno razdoblje - uključuje promjene u socijalnim odnosima, odvajanje od primarnih izvora podrške i potrebu za uspostavljanjem novih socijalnih odnosa

- zaštitni čimbenik – percepcija socijalne podrške
- prema kognitivnim modelima, emocionalni ishodi **usamljenosti** proizlaze iz interpretacija iskustava, a ne nužno objektivne stvarnosti.

METODA



REZULTATI I RASPRAVA



Rezultati ukazuju na važnost različitih pristupa prevenciji, ovisno o dimenziji usamljenosti.

- kod socijalne usamljenosti naglasak treba biti na povećanju stvarnih socijalnih kontakata i dostupnosti socijalne mreže, emocionalna usamljenost posredovana je kognitivnom interpretacijom socijalnih odnosa

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Between Support and Loneliness: The Role of Cognitive Distortions and Social Support in Social and Emotional Loneliness

Trbus, Marina & Petak, Ana

Psychological Center Kauch, Zagreb, Croatia;
University of Zagreb, Faculty of Croatian Studies, Zagreb, Croatia

INTRODUCTION

The university years– a challenging period – involving changes in social relationships, separation from primary sources of support, and the need to establish new social relationships

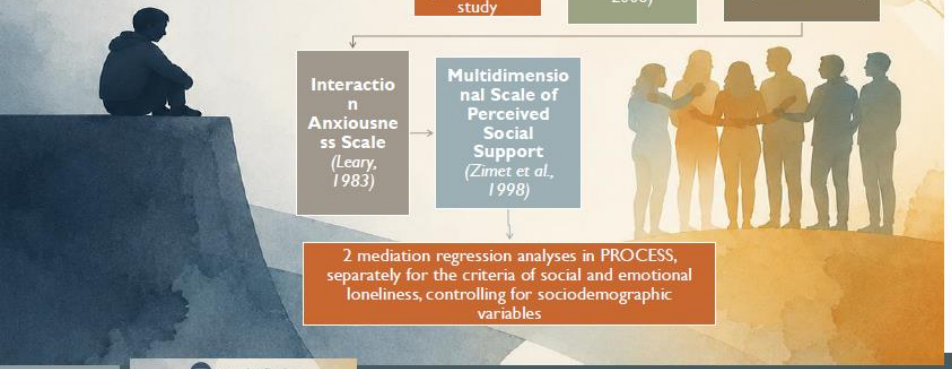
- a protective factor: perceived social support
- according to cognitive models, the emotional consequences of **loneliness** stem from the way individuals **percieve** their experiences, rather than from objective circumstances alone.

METHODS

online, 2023 → 228 undergraduate students in the Republic of Croatia (82% women), years 1–5 of study → De Jong Gierveld Loneliness Scale (De Jong Gierveld & Van Tilburg, 2006) → **Interpersonal Cognitive Distortions Scale** *(Hamamci & Büyüköztürk, 2004)*

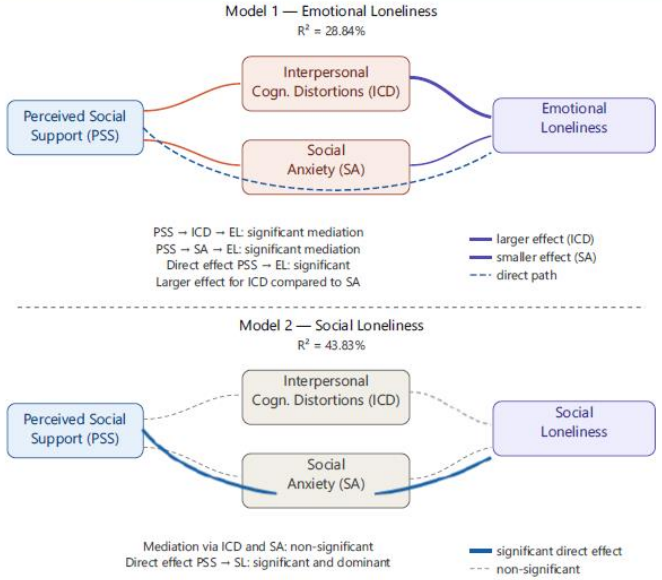
Interaction Anxiousness Scale *(Leary, 1983)* → **Multidimensional Scale of Perceived Social Support** *(Zimet et al., 1998)*

2 mediation regression analyses in PROCESS, separately for the criteria of social and emotional loneliness, controlling for sociodemographic variables



apetak@ffhs.hr

RESULTS & DISSCUSION



The findings highlight the importance of tailoring prevention approaches to different dimensions of loneliness

- for social loneliness, prevention efforts should focus on increasing actual social contact and access to social networks, whereas emotional loneliness appears to be shaped by the cognitive interpretation of social relationships.

PREVENCIJA ANKSIOZNOSTI KOD MLADIH KROZ PEER TO PEER PRISTUP:
"Peer Power to Empower"pilot-program za mlade s manje mogućnosti

Autori

Ivona Dundović1, Stela Božiček1, Rada Drnovšek2, Emilia Albonico3

Organizacije

1Udruga Amazonas, Zagreb, Croatia, 2Zavod Aspira, zavod za razvoj posameznika in družbe, Trbovlje, Slovenia. 3HumaCapiAct, Torino, Italy

KONTEKST I POTREBA

- Program je razvijen u okviru Erasmus+ KA220 projekta Peer Power to Empower (listopad 2024. – rujan 2026.).
- Kako možemo učinkovitije odgovoriti na rastuću anksioznost među mladima?
- Ograničena dostupnost preventivnih programa koji su teorijski utemeljeni i primjenjivi u radu s mladima

Stručni suradnici iz 12 partnerskih škola → potreba za strukturiranom preventivnom podrškom i manjak vremenskih i ljudskih kapaciteta za provedbu

TEORIJSKA POZADINA

Program se temelji na paradigmi Pozitivnog razvoja mladih (Positive Youth Development – PYD), koja naglašava prepoznavanje i osnaživanje potencijala mladih, umjesto usmjerenosti isključivo na probleme i rizična ponašanja.

Program je usmjeren na tri od pet karakteristika 5C modela:

• Kompetentnost - Samopouzdanje - Povezanost s drugima

U literaturi su ove karakteristike prepoznate kao zaštitni čimbenici povezani s nižim razinama anksioznosti.

RAZVOJ PROGRAMA

1 Procjena potreba
- anketni upitnik sa stručnim suradnicima iz 12 partnerskih škola u Hrvatskoj i Sloveniji

2 Pregled literature i razvoj konceptualnog okvira
- pregled znanstvene literature o anksioznosti mladih i pozitivnom razvoju mladih (PYD) i razvoj 3C konceptualnog modela

3 Kreiranje peer-to-peer ciklusa od 6 radionica

4 Stručna evaluacija i edukacija
- evaluacija programa od strane 15 stručnjaka i 3 fokus skupine
- edukacija prikupljanje povratnih informacija 12 peer edukatora i 6 mentora

5 Pilotiranje radionica
- provedba u 6 pilot-skupina (po 2 u svakoj zemlji)
- Hrvatska, Slovenija i Italija



EVALUACIJA

- Zadovoljstvo sudionika i percipirane koristi programa procijenjeni su pomoću upitnika samoprocjene.

Područja procjene:
- zadovoljstvo
- kompetentnost
- samopouzdanje
- povezanost s drugima

Obrada i analiza podataka su u tijeku

- Završni rezultati bit će predstavljeni na diseminacijskom događaju u rujnu 2026.

OČEKIVANI ISHODI

✓ Visoko zadovoljstvo sudionika programom

✓ Veća kompetentnost i samopouzdanje sudionika

✓ Veće razumijevanje važnosti povezanosti s drugima

Co-funded by the European Union

Kontakt

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IMPLIKACIJE ZA PREVENCIJSKU ZNANOST I PRAKSU

- Predstavlja temelj za buduće evaluacije korištenjem složenijih istraživačkih nacrta
- Jača kapacitete stručnjaka za rad s mladima i peer edukatora kroz program edukacije i e-learning resurse
- Program ima potencijal za širu primjenu i integraciju u postojeće sustave podrške mladima

PEER-TO-PEER PREVENTION OF YOUTH ANXIETY:

The "Peer power to empower" pilot programme for young people with fewer opportunities

Authors

Ivona Dundović1, Stela Božiček1, Rada Drnovšek2, Emilia Albonico3

Affiliations

1Udruga Amazonas, Zagreb, Croatia, 2Zavod Aspira, zavod za razvoj posameznika in družbe, Trbovlje, Slovenia. 3HumaCapiAct, Torino, Italy

BACKGROUND & NEED

- The programme was developed within the Erasmus+ KA220 project (duration: October 2024 - September 2026)
- The project emerged from a shared question: How can we better address increasing anxiety among young people?
- Accessible and theory-informed preventive programmes remain limited in many youth work settings
- School counsellors from 12 partner schools identified a need for structured preventive support and reported limited time and staff capacity.

THEORETICAL FRAMEWORK

Grounded in the Positive Youth Development (PYD) approach, which views young people as resources to be developed rather than problems to be solved.

The programme focuses on three of the five characteristics of the 5C model:
• Competence - Confidence - Connection

These characteristics have been identified in the literature as protective factors associated with lower levels of anxiety.

PROGRAMME DEVELOPMENT PROCESS

1. **Needs Assessment**
   • conducted with school counsellors from 12 partner schools in Croatia and Slovenia
2. **Literature review & framework development**
3. **Development of a six-workshop peer-to-peer cycle**
4. **Expert review & training**
   • evaluation by 15 experts across 3 focus groups
   • training and feedback from 12 peer educators and 6 mentors
5. **Piloting implementation**
   • 6 pilot groups (2 in each country) in Croatia, Slovenia and Italy



EVALUATION

Participant satisfaction and perceived programme benefits were assessed through self-report questionnaires focusing on:

- Satisfaction
- Competence
- Confidence
- Connection

Data analysis is currently underway.

Final project results will be presented at the project dissemination event in September 2026.

EXPECTED OUTCOMES

✓ High participant satisfaction

✓ Strengthened feeling of competence and confidence

✓ Greater understanding of the importance of connection

Co-funded by the European Union

Contact

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IMPLICATIONS FOR PREVENTION SCIENCE AND PRACTICE

• Provides a basis for future evaluation using stronger research methods and objective measures

• Strengthens the capacity of youth workers and peer educators through e-learning resources
• Supports the wider implementation of strengths-based prevention programmes that empower young people and help reduce pressure on support professionals

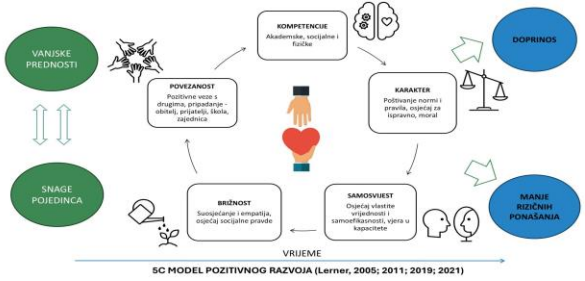
ULOGA POZITIVNOG RAZVOJA U POSTIZANJU DOBRIH RAZVOJNIH ISHODA ADOLESCENATA

Miranda Novak, Josipa Mihić, Lucija Šutić Barbarić, Darko Roviš, Toni Maglica, Gabrijela Vrdoljak, Hana Gačal

1. regionalna konferencija PREVREG
Izgradnja temelja PREVencijske znanosti u REGiji

5C MODEL POZITIVNOG RAZVOJA

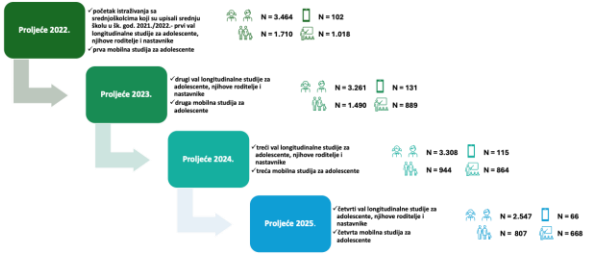
Temeljen na teoriji relacijskih razvojnih sustava, pristup **pozitivnog razvoja mladih (PYD)** naglašava ulogu podržavajuće okoline u razvoju adolescenata. Stoga je danas, kada gotovo svaka peta mlada osoba ima dijagnosticiran psihički poremećaj, postao jedan od vodećih pristupa u istraživanju adolescencije.



5C MODEL POZITIVNOG RAZVOJA (Lerner, 2005; 2011; 2019; 2021)

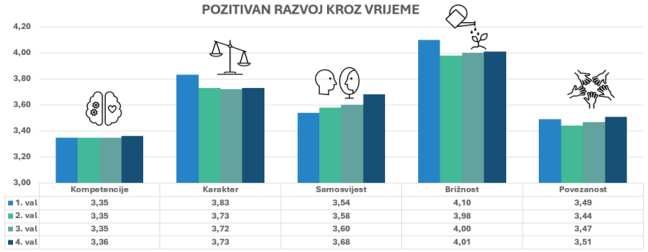
METODOLOGIJA

Longitudinalna panel studija u 4 vala (2022.–2025.), pet velikih i nekoliko manjih hrvatskih gradova.



REZULTATI

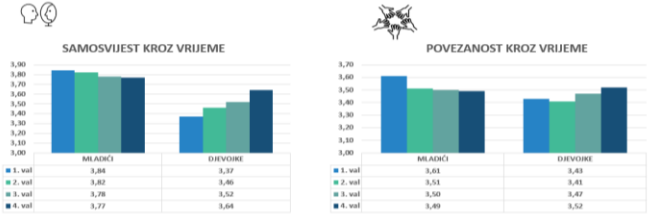
Pozitivan razvoj kroz vrijeme



	Kompetencije	Karakter	Samosvijest	Brižnost	Povezanost
1. val	3,35	3,83	3,54	4,10	3,49
2. val	3,35	3,73	3,58	3,98	3,44
3. val	3,35	3,72	3,60	4,00	3,47
4. val	3,36	3,73	3,68	4,01	3,51

5C indikatori relativno su stabilni kroz sva četiri vala, ali podložni postupnim promjenama — samosvijest i povezanost postupno jačaju.

Rodne razlike na 5C indikatorima



Mladići postižu više rezultate na kompetencijama, samosvijesti i povezanosti, a djevojke na brižnosti i karakteru. **Mladići i djevojke ne slijede iste razvojne putanje na samosvijesti i povezanosti**, a ove razlike odražavaju različite obrasce rodne socijalizacije.

POZITIVAN RAZVOJ I DOBROBIT ADOLESCENATA

Pojednostavljeni prikaz rezultata autoregresijskih križnih modela koji ispituju odnose subjektivne dobrobiti s 5C karakteristikama kroz vrijeme

Smjer utjecaja	Kompetencije	Karakter	Samosvijest	Brižnost	Povezanost
Dobrobit → pozitivan razvoj	↑	↑	↑↑	○	↑
Pozitivan razvoj → dobrobit	↑	↑	↑↑	↓	↑

- **Subjektivna dobrobit snažan je pokretač razvoja**, osobito samosvijesti, povezanosti i kompetencija.
- **Samosvijest je najjači zaštitni čimbenik**: povećava dobrobit i pojačava se kroz nju.
- Iznimka je brižnost koja u kasnijoj fazi može biti blago povezana s padom dobrobiti.

Pozitivan razvoj nije samo ishod povoljnih okolnosti, već i **aktivan resurs** koji doprinosi dobrobiti adolescenata.

Ulaganje u podržavajuća okruženja, a time i u pozitivan razvoj, **isplativo je i za mlade i za njihova okruženja**, no pritom treba imati na umu da su **putanje razvoja različite**.

Ključne riječi: *pozitivni razvoj mladih; mentalno zdravlje adolescenata; 5C model; longitudinalno istraživanje; dobrobit*

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Sveučilište u Zagrebu Edukacijsko-rehabilitacijski fakultet
HRZZ

ovisnosti.huhiv.hr

DIGITALNA PREVENCIJA RIZIČNIH PONAŠANJA MLADIH

razvoj i evaluacija mobilne aplikacije za prevenciju ovisnosti i razvoj vještina

Davor Dubravić, mag. psych. [1], Arian Dišković [1], Prim. Tatjana Nemeth Blažić, dr. med [2], Prim. Mirjana Lana Kosanović Ličina, dr. med., dr. med. [3]

[1] Hrvatska udruga za borbu protiv HIV-a i virusnog hepatitisa [2] Hrvatski zavod za javno zdravstvo [3] Nastavni zavod za javno zdravstvo Andrija Štampar

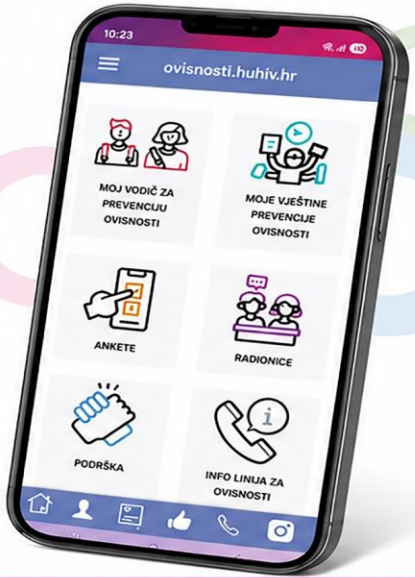
ZAŠTO DIGITALNA PREVENCIJA?

- pritisak vršnjaka i okoline
- niska percepcija rizika
- potreba za privatnim i neosuđujućim pristupom
- preferencija za kratke, vizualne i interaktivne sadržaje



PARTICIPATIVNI RAZVOJ APLIKACIJE

1. Mapiranje potreba zajednice (2024.)
2. Fokus-grupe s mladima (N=40) svibanj–lipanj 2025.
3. Razvoj i prilagodba aplikacije
4. Pilot implementacija (studeni–prosinac 2025.)
5. Evaluacija korisničkog iskustva (N=21) prosinac 2025.



ovisnosti.huhiv.hr je youth-centered digitalni alat za:

- prevenciju ovisnosti
- razvoj životnih vještina
- samoprocjenu rizičnih ponašanja
- pristup podršci i informacijama

ŠTO SU MLADI ISTAKNULI U FOKUS-GRUPAMA?

- ✓ praktičnost i diskretnost aplikacije
- ✓ kratke i razumljive sadržaje
- ✓ interaktivne alate i kvizove
- ✓ savjete za stvarne životne situacije
- ✓ važnost neosuđujućeg pristupa

PREDLOŽENA POBOLJŠANJA:

- više sadržaja o mentalnom zdravlju
- upravljanje stresom i vršnjačkim pritiskom
- online ovisnosti i prevencija nasilja
- povezivanje sa savjetovalištima i linijama pomoći
- gejmifikacija i dodatna interaktivnost

DIGITALNI DOSEG I ANGAŽMAN (11–12/2025)

169	828	2.263	13 min	24,35
instalacija aplikacije	posjeta platformi	interakcije korisnika	prosječno trajanje angažmana po korisniku	pregledanih stranica po korisniku

INTERAKTIVNO KORIŠTENJE APLIKACIJE

112	77	8
procjena životnih vještina	anonimnih anketa o rizičnim ponašanjima	kalkulatora rizika

Najposjećenije teme:

- prevencija ovisnosti
- razvoj životnih vještina
- alkohol
- droge
- ekrani
- pušenje

EVALUACIJA KORISNIČKOG ISKUSTVA (N=21)

- 100% sadržaji su lako razumljivi
- 90% aplikacija je jednostavna za korištenje
- 89% teme su povezane sa stvarnim životnim situacijama
- 78% aplikacija potiče promišljanje vlastitih navika
- 78% prepoznat je neosuđujući i podržavajući pristup
- 78% preporučilo bi aplikaciju vršnjacima

KLJUČNA PORUKA

Digitalne intervencije razvijene ZAJEDNO S MLADIMA mogu ostvariti VISOK ANGAŽMAN, PRIHVAĆENOST i AKTIVNO SUDJELOVANJE korisnika te predstavljaju važnu nadogradnju suvremenim preventivnim programima.

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HUHIV
HRVATSKA UDRUGA ZA BORBU PROTIV HIV-a I VIRUSNOG HEPATITISA

DIGITAL PREVENTION OF RISK BEHAVIORS IN YOUTH

development and evaluation of a mobile application for addiction prevention and skills development

Davor Dubravić, mag. psych. [1], Arian Dišković [1], Prim. Tatjana Nemeth Blažić, dr. med [2], Prim. Mirjana Lana Kosanović Ličina, dr. med.., dr. med. [3]

[1] Croatian Association for HIV and Viral Hepatitis [2] Croatian Institute of Public Health [3] Andrija Štampar Teaching Institute of Public Health

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WHY DIGITAL PREVENTION?

- peer pressure and environment
- low risk perception
- need for privacy and non-judgmental approach
- preference for short, visual and interactive content



ovisnosti.huhiv.hr is a youth-centered digital tool for:

- addiction prevention
- life skills development
- self-assessment of risk behaviors
- access to support and information

PARTICIPATORY DEVELOPMENT OF THE APPLICATION

1. Community needs assessment (2024)
2. Focus groups with youth (N=40) May–June 2025
3. Development and refinement of the application
4. Pilot implementation (November–December 2025)
5. User experience evaluation (N=21) December 2025

WHAT YOUTH HIGHLIGHTED IN FOCUS GROUPS?

- ✓ practicality and discretion of the app
- ✓ short and easy-to-understand content
- ✓ interactive tools and quizzes
- ✓ advice for real-life situations
- ✓ non-judgmental approach

SUGGESTED IMPROVEMENTS:

- more content on mental health
- stress management and peer pressure
- online addictions and violence prevention
- links to counseling services and helplines
- gamification and additional interactivity



DIGITAL REACH & ENGAGEMENT (Nov–Dec 2025)

169	828	2,263	13 min	24,35
app installations	platform visits	user interactions	average engagement time per user	pages viewed per user

INTERACTIVE USE OF THE APPLICATION

112	77	8
life skills assessments	anonymous surveys on risk behaviors	risk calculators

Most visited topics:

- addiction prevention
- life skills development
- alcohol
- drugs
- screens
- smoking

USER EXPERIENCE EVALUATION (N=21)

- 100% find the content easy to understand
- 90% find the app easy to use
- 89% see the topics as relevant to real life
- 78% say the app helps them reflect on their own habits
- 78% recognize a non-judgmental and supportive approach
- 78% would recommend the app to their peers

KEY MESSAGE

Digital interventions developed **TOGETHER WITH YOUTH** can achieve **HIGH ENGAGEMENT, ACCEPTANCE** and **ACTIVE PARTICIPATION**, making them a valuable enhancement to modern prevention programs.

Scan and learn more!
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INFORMED CHOICES FOR A BETTER FUTURE.

KNOWLEDGE • CHOICE • SUPPORT

HUHIV
HRVATSKA UDRUGA ZA BORBU PROTIV HIV-a I VIRUSNOG HEPATITISA

Učinkovitost višekomponentnih pozitivno-psiholoških intervencija u poticanju psihološkog procvata adolescenata

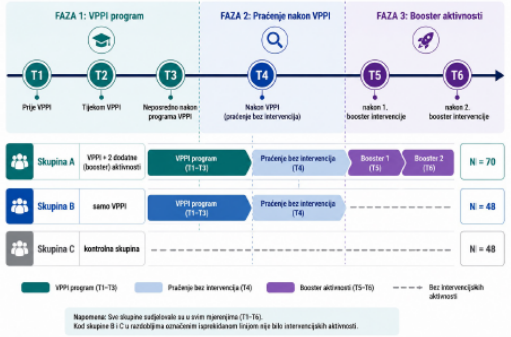
Paula Pedić Duić
Učiteljski fakultet Sveučilišta u Zagrebu

UVOD i CILJ

- Višekomponentne pozitivno-psihološke intervencije (VPPI) obuhvaćaju teorijski utemeljene aktivnosti pozitivne psihologije usmjerene na unapređenje barem dviju dimenzija dobrobiti.
- Zbog višedimenzionalne prirode dobrobiti, VPPI su posebno prikladne za poticanje psihološkog procvata adolescenata (integracija subjektivne i psihološke dobrobiti).
- Dobrobit tijekom srednje adolescencije često opada, što školski kontekst čini važnim prostorom za provedbu intervencija.
- Cilj: usporediti promjene u psihološkom procvatu između skupine s VPPI i booster aktivnostima, skupine samo s VPPI te kontrolne skupine tijekom i nakon programa VPPI.

METODA

- Sudionici: N = 166 učenika trećeg razreda gimnazije; tri skupine prema postojećim razrednim odjelima.
- Instrumenti: psihološki procvat mjeren EPOCH mjerom dobrobiti adolescenata.
- Postupak: tri razdoblja - VPPI program, praćenje bez intervencija i booster aktivnosti. VPPI je proveden kroz šest tjednih radionica na satu razrednika. Provedba: istraživačica u skupini A; educirani i supervizirani razrednici u skupini B. Kontrolna skupina imala je isti raspored mjerenja bez intervencija.



Što su uključivale intervencije?

VPPI su bile utemeljene na PERMA modelu i prilagođene školskom kontekstu. Program je trajao 6 tjedana, a svaka radionica uključivala je uvodnu aktivnost, središnju intervenciju, grupnu raspravu i zadatak za primjenu u svakodnevnom životu.

6 tjednih radionica na satu razrednika

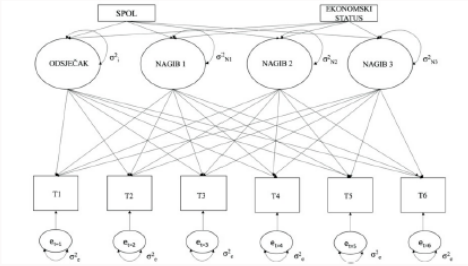
1. **Ja u najboljem izdanju** – uvod u program i refleksija o vlastitim snagama
2. **Zahvalnost** – pismo zahvale i dnevnik zahvalnosti
3. **Ljubaznost** – planiranje i čin prijateljskog djela
4. **Snage karaktera** – prepoznavanje, osnaživanje i primjena osobnih snaga
5. **Optimizam** – pripremanje optimističnog i pesimističnog stila objašnjavanja događaja
6. **Ciljevi** – postavljanje osobnih ciljeva i planiranje koraka za njihovo ostvarenje

Booster aktivnosti – ponavljanje i učvršćivanje ključnih tehnika

STATISTIČKA ANALIZA

- Multigrupni piecewise model latentnog rasta.
- Usporedba skupina na latentnim faktorima odsječka i nagiba.
- Tri nagiba: VPPI, razdoblje bez intervencija, booster razdoblje.
- Razlike testirane hi-kvadrat testom razlike. R / lavaan; FIML za nedostajuće podatke.

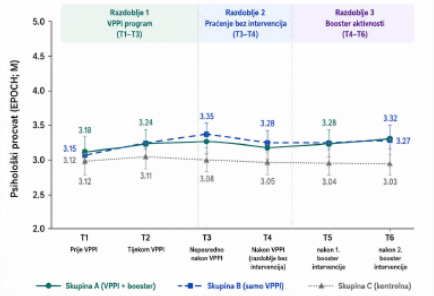
Slika 1. *Pojednostavljeni prikaz piecewise modela s latentnim faktorom odsječka (ODSJEČAK) i tri latentnim faktorima nagiba psihološkog procvata: NAGIB 1 (prije i tijekom intervencija), NAGIB 2 (nakon intervencija) i NAGIB 3 (razdoblje booster sesija)*



REZULTATI

- Nisu utvrđene početne razlike među skupinama, $\Delta\chi^2(2) = 2.85$, $p > .05$.
- Tijekom VPPI značajan porast psihološkog procvata u odnosu na kontrolnu skupinu potvrđen je samo u skupini B, $M = 0.10$, $p < .05$.
- Nakon VPPI nisu potvrđene značajne razlike u promjenama među skupinama.
- Booster aktivnosti nisu imale dodatni učinak, $\Delta\chi^2(2) = 3.89$, $p > .05$.

Slika 2. Aritmetičke sredine psihološkog procvata u tri skupinama kroz šest mjerenja.



RASPRAVA i ZAKLJUČAK

Razlike među skupinama upućuju na to da nije važan samo sadržaj VPPI, nego i osoba koja program provodi. U skupini B program su provodile razrednice, što je moglo olakšati otvorenije sudjelovanje učenika u osobno osjetljivim temama. Odnos povjerenja između učenika i razrednica moguć je čimbenik veće učinkovitosti programa u toj skupini. Izostanak razlika nakon booster aktivnosti upućuje na to da kratke dodatne aktivnosti nisu bile dovoljne za dodatno povećanje psihološkog procvata. Nalazi podupiru provedbu VPPI u školskom kontekstu, osobito kada ih provode educirani školski djelatnici.

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The Effectiveness of Multicomponent Positive Psychology Interventions in Promoting Psychological Flourishing in Adolescents

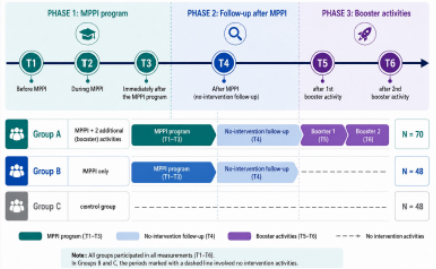
Paula Pedić Duić
University of Zagreb
Faculty of Teacher Education

INTRODUCTION AND AIM

- Multicomponent positive psychology interventions (MPPI) include theoretically grounded positive psychology activities aimed at improving at least two dimensions of well-being.
- Due to the multidimensional nature of well-being, MPPI are particularly suitable for promoting psychological flourishing in adolescents, as an integration of subjective and psychological well-being.
- Well-being often declines during middle adolescence, which makes the school context an important setting for implementing interventions.
- **Aim:** To compare changes in psychological flourishing between the group receiving MPPI and booster activities, the group receiving only MPPI, and the control group during and after the MPPI program.

METHOD

- Participants: N = 166 third-year grammar school students; three groups based on existing class divisions.
- Instruments: Psychological flourishing was measured using the EPOCH Measure of Adolescent Well-being.
- Procedure: Three periods: the MPPI program, a follow-up period without interventions, and booster activities. The MPPI was implemented through six weekly workshops during homeroom class. Implementation: the researcher in Group A; trained and supervised class teachers in Group B. The control group followed the same measurement schedule without receiving the intervention.

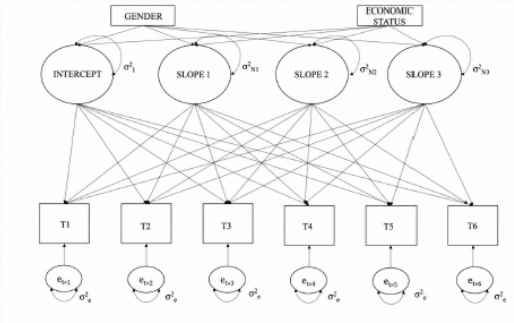




STATISTICAL ANALYSIS

- Multigroup piecewise latent growth model.
- Comparison of groups on latent intercept and slope factors.
- Three slopes: MPPI, period without interventions, booster period.
- Differences were tested using the chi-square difference test.
- R / lavaan; FIML for missing data.

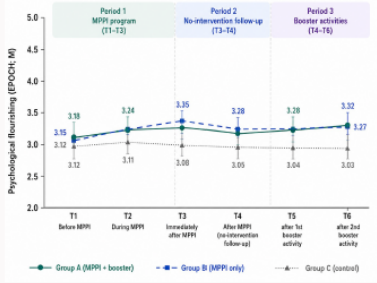
Figure 1. Simplified representation of the piecewise model with a latent intercept factor (INTERCEPT) and three latent slope factors of psychological flourishing: SLOPE 1 (before and during the interventions), SLOPE 2 (after the interventions), and SLOPE 3 (booster session period).



RESULTS

- No baseline differences were found between the groups, $\Delta\chi^2(2) = 2.85$, $p > .05$.
- During the MPPI, a significant increase in psychological flourishing compared with the control group was confirmed only in Group B, $M = 0.10$, $p < .05$.
- After the MPPI, no significant differences in changes between the groups were confirmed.
- Booster activities had no additional effect, $\Delta\chi^2(2) = 3.89$, $p > .05$.

Figure 2. Arithmetic means of psychological flourishing in the three groups across six measurement points.



DISCUSSION AND CONCLUSION

The differences between the groups suggest that not only the content of the MPPI is important, but also the person implementing the program. In Group B, the program was implemented by class teachers, which may have facilitated more open student participation in personally sensitive topics.

The relationship of trust between students and class teachers may be a possible factor contributing to the greater effectiveness of the program in this group.

The absence of differences after the booster activities suggests that brief additional activities were not sufficient to produce an additional increase in psychological flourishing.

The findings support the implementation of MPPI in the school context, particularly when delivered by trained school staff.

Gdje su danas? – dugoročna perspektiva sudionika preventivnih programa Centra SPES

GLAVNI REZULTATI ISTRAŽIVANJA

UVOD

Cilj ovog istraživanja bio je istražiti kako bivši sudionici percipiraju dugoročne učinke radionica te prikupiti njihove preporuke za razvoj budućih programa.

METODOLOGIJA

- kvalitativni pristup
- polustrukturirani intervju
- 10 sudionika
- tematska analiza

1. GDJE SU DANAS?

Sudionici su danas aktivni u obrazovanju, radu i zajednici

- gimnazija, medicinska škola, studij (elektrotehnika, fizioterapija)
- sezonski rad i profesionalni razvoj
- volontiranje i župne aktivnosti
- sport, ples i druge slobodne aktivnosti



2. ŠTO SU RAZVILI?

- komunikacija i otvorenost
- društvenost i uključivanje
- empatija i poštovanje
- timski rad
- kreativnost i osjećaj pripadnosti

> *"naučila sam kako funkcionirati u timu..."*

> *"Kako cijeniti sebe i druge..."*

> *"Naučio sam biti opušten u društvu"*

3. ŠTO PREPORUČUJU?

ZADRŽATI:

- kreativne radionice i ručni rad
- kampove i druženje uživo
- igre i praktične aktivnosti
- podržavajuću atmosferu

UNAPRIJEDITI:

- više prostora i radionica
- prilagodbu današnjoj djeci
- manje tehnologije
- veću emocionalnu osjetljivost



ZAKLJUČAK

SPES je djeci ostao kao siguran i kreativan prostor koji je dugoročno pridonio razvoju komunikacije, samopouzdanja, otvorenosti, empatije, kreativnosti i pozitivnih socijalnih odnosa.

> *Kao što bi rekao Marko:*
> ***"Da smo samo ćupili bilo bi efikasno" :)***

Caritas Biskupija Mostar-Duvno i Trebinje-Mrkan

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Where Are They Today? – A Long-Term Perspective of Participants in the SPES Centre Prevention Programs

MAIN RESEARCH FINDINGS

INTRODUCTION

The aim of this study was to explore how former participants perceive the long-term effects of the workshops and to gather their recommendations for the development of future programs.

METHODOLOGY

- Qualitative approach
- Semi-structured interviews
- 10 participants
- Thematic analysis

1. WHERE ARE THEY TODAY?

Participants are currently active in education, employment, and community life:

- High school education (general and medical schools) and university studies (electrical engineering, physiotherapy)
- Seasonal employment and professional development
- Volunteering and parish activities
- Sports, dance, and other leisure activities



2. WHAT DID THEY DEVELOP?

- Communication and openness
- Sociability and social inclusion
- Empathy and respect
- Teamwork
- Creativity and a sense of belonging

> *"I learned how to function within a team..."*

> *"How to appreciate myself and others..."*

> *"I learned to feel relaxed in social situations."*

3. WHAT DO THEY RECOMMEND?

MAINTAIN:

- Creative workshops and handicrafts
- Camps and in-person social gatherings
- Games and hands-on activities
- A supportive atmosphere

IMPROVE:

- More space and additional workshops
- Better adaptation to the needs of today's children
- Less technology
- Greater emotional sensitivity among facilitators



CONCLUSION

SPES has remained in children's memories as a safe and creative environment that has contributed in the long term to the development of communication skills, self-confidence, openness, empathy, creativity, and positive social relationships.

As Marko would say:

"If we had just hung out, it would have been effective too." :)

Caritas Biskupija Mostar-Duvno i Trebinje-Mrkan

Centar SPES

Filozofski fakultet Sveučilište u Mostaru

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